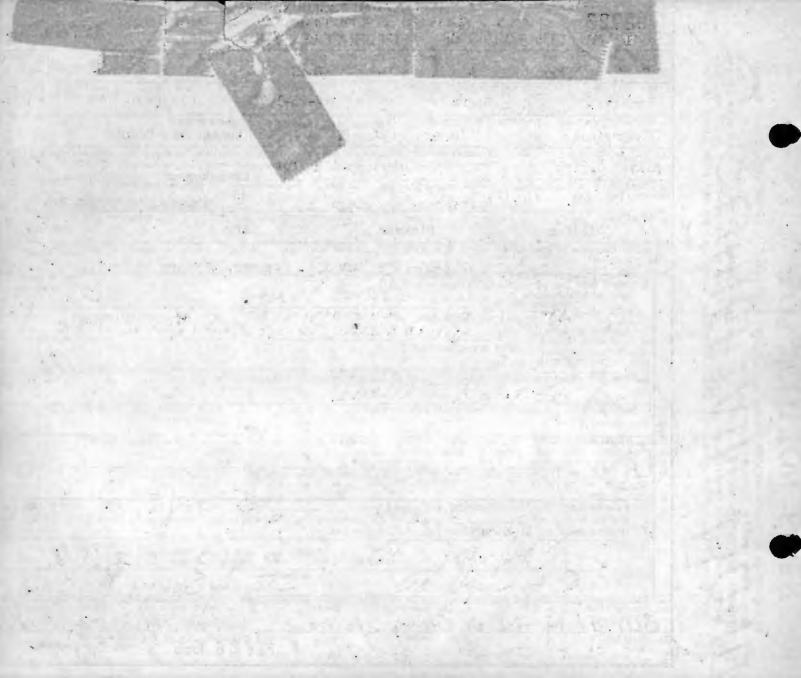
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 13 Film G398 3/14/68 kk CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2 Day 18 Year 68 (Type or print) ENMA ADAMS 3 SEX 4. RACE IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. DATE OF BIRTH 6. AGE (In years 12-23-1874 last birthday) Female Negro YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Virginia Montgomery County U.S. DIVORCED [WIDOWED A ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Belmont Nursing Homeng mast of warking life, even if retired.) INDUSTRY Silver Spring 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LUMITS? requires that the death certificate be executed admission) STATE Montgomery Mei . NO [Batchellors Forest Road Olmey 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Middle Last Monday William Nickens Mary 17 INFORMANT 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address I (If yes give wor or dates of service) Yes, na. ar unknown) Jackson, 3209Norwood Rd. Silver Spring 218-30-7102 Mabel 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

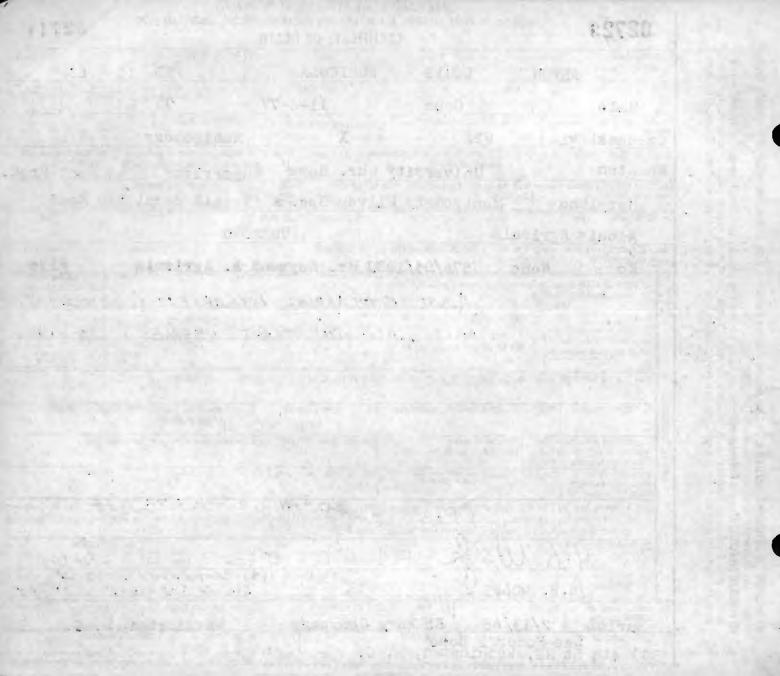
IMMEDIATE CAUSE (a) ann. 0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) buriol-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS SONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19th DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 37 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark O FUNERAL DIRECTOR: causes stated above, (1) (40) (did nat) view the body after death. 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. MA DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) directar, pluods 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (Cir) ar Tawn) 23b. DATE (County) 23c. BURIAL, CREMATION, 30M REV 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



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П		02724	DIVISION OF VI	•			IMORE, MARYLAND 21201	440
l		OMENS		CE		OF DEATH		02710
		CEASED-NAME F	First	Middle	01	ast	20. DATE OF DEATH Month Day	2b. HOUR
١			-Rances	٨.	HAR	iani	· rebuary 1	6 : 1968 / AN
1	3. SE	X	4. RACE	01-	S. DA	ATE OF BIRTH	6. AGE (In years last birthgold)	MONTHS DAYS HOURS MIN.
	2. (TOTAL OF ACT.	Uh CITITED OF WHAT	1/8		rebuar	Y 33,1924 73YRS.	
I	(anu		7b. CITIZEN OF WHAT		MARRIED NE	DIVORCED	100	0 4
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ı	(goce Son	give stree	et oddress)	Darec II	OSP NOL during m	OFC SubERUISO	INDUSTRY PRUDENTIA
	130.	USUAL RESIDENCE (Where de	ceosed lived, if institution:	1 1/2 1/2/	3c. CITY OR TOWN	13d, INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	ANSURANCE
e.	admi	ssion) STATE Mare	ilana COUNTY		Brandy	AWIT YES N	00 7620-Ear	inshaw DR.
	14. F	ATHER'S NAME First	Middle	Last	IS. MO	HER'S MAIDEN NAME	First Middle	Last
		Aurdl	ius Humphrie	es		Ada Ge	aylor	
	16a. Y	WAS DECEASED EVER IN U.S. es, ng, or unknown) (If yes	ARMED FORCES? 16	b. SOCIAL SECURITY NO.			Address	
1	_	No			Johr	Adriani,	Same As # 13	APPROXIMATE INTERVAL
ı		1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly one cause per line for	or (a), (b), and (c).)				BETWEEN ONSET AND DEATH
١		1 MM	MEDIATE CAUSE (o)	ANOXIA			* PLEUR	# 6 WEEKS
١		Conditions, if ony, which go		CONSEQUENCE OF	464	r decend		0-1 -05
		rise to immediate cause (o).	CONSEQUENCE OF	ADEN	OCAR CIMOY	9A BREAST DLU	NE & 3 1903
1		stoting the underlying caulast.		DENOCAR	CIMONA	A LEFT	BREAST	4 YEARS
		PART 2. OTHER SIGNIFICANT					CONDITION GIVEN IN PART 1(a)	
	22	170x						
	CERTIFICATION	19a. DATE OF OPERATION	195. CONDITION FOR WHICH	OPERATION WAS PERFO	ORMED 2	Oo. AUTOPSY?	20b. IF YES, WERE FINDINGS OF CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
ı	RTIE					YES NO		
ı	-	21a. ACCIDENT WAS UNDER		JURY Manth Day Year	21c. HOW IN	JURY OCCURRED (Ent	er nature of injury in Port 1 or Port 2,	Item 18.)
ı	MEDICAL	(If either, natify medical ex	raminer) P.M.	19	DV 3 D1 LOCIZIO	W 6 . DED 0	Ch T	Carra Cana
Į			21e. PLACE OF INJURY (AT	FICE BUILDING, ETC.	217. LOCATIO	IN Street of K.F.D. No	o. City or Town	County State
Ì		at wark at work	(this bosnital) attend	had the deceased	from	19.	55, to 15-FEB, 19	68 that (I) (we) los
ı		saw the decease	d alive an 15	FEB 190	and the	it in (my) (aur) ap	55, ta /5-FEB, 19 inian death accurred an the de	ate and havr and from the
			oave, (I) (we) (did) (di	d nat) view the ba	idy after death	1,	1 00	Divis clouds
		22b. SIGNATURE	RI	0/ 13	. DEGREE	ATTENDING PHYS.	MED. STAFF 22c.	DATE SIGNED
		22d. PHYSICIAN'S	my 1), Wo	get 11	The second second	22e. ADDRESS	DIKECIOK - PHIS	2/16/68
	-	NAME (Type)	1			1131 UNI	IV. BLUD. W.S.	5. 170,20902
	23a.		23b. DATE	23c. NAME OF CE	METERY OR CREM	ATORY	23d. LOCATION (City or Town)	(County) (State)
1		REMOVAL (Specify)	2/19/68		Hill Cem			ce Georges, Md
3		FUNERAL DIRECTOR Robe	ert E. Wilhe	lm Funera	1 Home	,	BRETISBAR 19689. REGIDAD	SIGNATURE
	1	202 Suitland	Road Suiti	and Mary	land	DATE		

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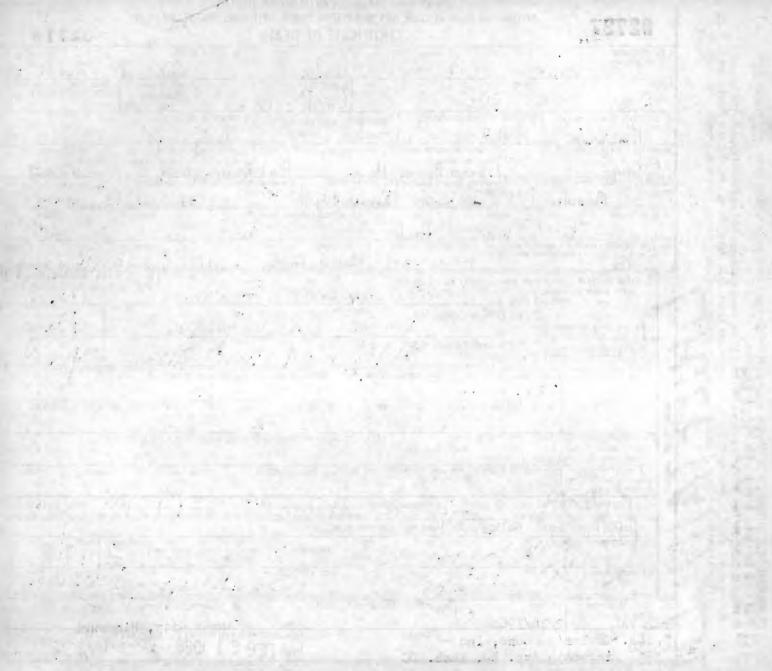
1:~		UZ 720 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
(NA	N .	CERTIFICATE OF DEATH	712
E MEVI		DECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
functol l ond er deat	(Type or print) Blaine Dee Alexander February 4 199	68 2ºA N
affer affer	3. S	EX 4. RACE 5. DATE OF BIRTH 6. Add (In years IF UNDER 1 YEAR	
s of the		MALE White FEBRUARY 3, 1968 - YRS	rs Hours Min.
hours in by the rs. Page thours	70:	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
24 irreper		MARY AND USH WIDOWED DIVORCED 110NT GOTHERY	Mo
equires that the death certificate be executed within 24 has physician. Signed by the attending physician and completely filled in buriol-transit permit. Then please remove corban papers, burial, cremation, or removal, and in ony event, within 72 has a second or sec	74	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of Work done during most of warking life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.)	OF BUSINESS OR
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and rem	14.	FATHER'S NAME Girst Middle Nast Plan OFF MAIDEN NAME First Middle CORNELIUS W. Alexander Blanche	Last
ate bu	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
physicion physicion en please oval, and i	1	Yes, no, ar unknown) (If yes give war or dates of service) - CORNELIUS ALEXANDER Boyds, 9	nacular
cert g pl		APPK	OXIMATE INVERVAL IN ONSET AND DEATH
ot the deoth cer the ottending p nsit permit. The mation, or rema		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) INTLA CRANIAC HERORAHAGE	IN ORIGINAL DEATH
e de otter		772 DUE TO, OR AS A CONSEQUENCE OF	
the life sit particular		Canditians, if any, which gave) (h) Premarunity	
tho an. by rans		rise to immediate cause (o). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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has has	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH?	CERTIFYING
IAN: Ital or ficote for us		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)	
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TO HOSPITAL OR ATTENDING PHYSICI Poge 4 may be retoined by the hospit O FUNERAL DIRECTOR: After this certification, page 3 should be detached should be filed with the State Dept. of	*	21d. INJURY OCCURRED While Not while of work 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County	Stote
Ar the are de de de de		22g certify that (1) (this besital) attended the decoased from 2/3 1968 to 2/4 1968 th	at (1) (ma) las
After d be be stare		22a. I certify that (1) (this hospital) attended the deceased from 2/3, 1948, ta 2/4, 1968, the saw the deceased alive an 2/3 1968, and that in (my) (sur) apinian death accurred on the date and had	or and fram the
OR: Oction		causes stated abave, (1) (we) (did) (did net) view the bady after death.	
referred with with	1	22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED	
rtal or attent may be retoined RAL DIRECTOR: A , page 3 should be filed with the		22d. PHYSICIAN'S DEGREE PHYS. DIRECTOR PHYS. 2/4/68	
RAL RAL be f		NAME (Type) Drs.Coll.Stan. Brady	
OSF BUNE DINE DUID	230		(State)
TO HOSPH Poge 4 m O FUNER director, should b	E	Gate of Reaven Cemetery Silver Spring, N	d.
	24.	HARRAI DIRECTOR heeler Funeral Home ADDRESS Rock Pike 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNAFURE Rock Ville, Md. DEF B 9 1968 250. REGISTRAR'S SIGNAFURE	eel.
VR A15 (4) 30M REV. 1/68		Rockville, Md. 1 of B 9 1968 fillerles year	0

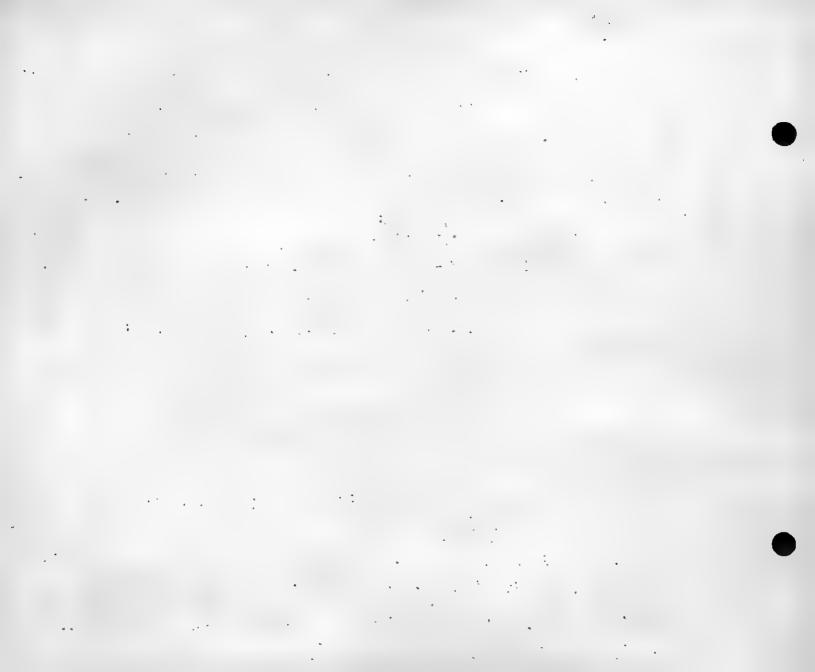


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(M)		02727			ERTIFICATE OF			02713	
= = = =		CEASED-NAME First		Middle	lost	20. DA	TE OF DEATH	2b. HOL	JR
er death funeral i I and ter death		1710	nK	<u>B</u>	(+msler		F26, 1	14 1918 9º	PW
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thin and the second sec	10.	ITY OR TOWN OF DEATH	11. NAM give_stre	E OF HOSPITAL OR INS eet oddress)	TITUTION (If not in hospital	during most of wo	ATION (Kind of Work done	12b. KIND OF BUSINESS OR INDUSTRY	
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certif g phy Then mavo		1B. CAUSE OF DEATH (Enter of	only one cours nor line		17 wen C. F	twill (son	14 105 Kippling	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATI	=
ne death cel attending p permit. The		PART I. DEATH WAS CAUS	ED BY: DIATE CAUSE (a)	Coxa	Jarides Y- K	ory fai	Ime.	BETWEEN ONSE! AND GEATH	4
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oat th . the nsit p		Conditions, if ony, which gove rise to immediate couse (a)	[13]	· concentrate of	ansonione	open to	netw	J. Muzi-	_
AN: The law requires that the death certificate be executed within 24 haurs after death all ar attending physician. It is a second to signed by the attending physician and campletely filled with the funeral far use as the burial-transit permit. Then please remave carban papers. Figure 1 and 2 Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death		stoting the underlying couse lost.	(c)	A CONSEQUENCE OF	(Joshardox	ste her	A DISCON	Mus o	
equii phy sign buri		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION	IG TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE OR CONDITION	GIVEN IN PART I(a)		
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AN: al ar icate far u Heall	AL CEN	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE		JURY Manth Doy Year	21c. HOW INJURY OCC	URRED (Enter noture o	f injury in Part 1 ar Port 2,	Item 1B.)	
PHYSICIAN: e haspital ar his certificate stached far u Dept. af Heal	MEDIC	(If either, notify medical exam	niner) P.M.	. 19		and D.C.D. Ma	City T	County State	
SING PHYSICIAL by the haspital after this certifica be detached fa State Dept. af H		While Not while of work	e. roact or injust (FICE BUILDING, ETC.	ORY.) 21f. LOCATION Street	or K.r.D. No.	City or Town	County State	3
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may be retained by the RAL DIRECTOR: After page 3 should be to be filed with the State		22b. SIGNATURE	MA	× 1	ATTENDIN	G MED.	STAFE - 22c.	DATE SIGNED 1 10	
nay be ra AL DIRE page 3 e filed w		22d. PHYSICIAN'S	MAR	ten a	DEGREE PHYS.	DIRECTOR	STAFF PHYS.	1 10	_
O HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta		NAME (Type)	GW P	MAN	226. ADDI	Daw!	horsde h	MB, 208 60	
O HOSPII Page 4 m O FUNER, director, shauld b	23a.	BURIAL, CREMATION, REMOVAL (Specify)	DATE	28C. NAME OF (EMETERY OR CREMATORY	23d. LC	DCATION (City & Tawn)	(County) (State)	
	R 24	CHMEDAL DIDECTOR -	18/1968	ADDRESS		2So. REC'D BY REGISTE		SEQUIPE	_
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MAKTLAND STATE DEPARTMENT OF HEALTH

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10 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
er death.	1. PLACE OF DEATH a. COUNTY MONTGOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY D. C.
hours oft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Wash. D.C. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 22days
ithin 24 hu etely filled bon papers within 72 l	HOLY CROSS HOSPITAL/Sil.Spr.MH 5500 Nebraska Ave NW VES No X
executed within and completed femove cabon any event, with	DECEASED (Type or print) RAYMOND J. BANELLOSR DEATH 2 27 1968
execut n and c remove n any e	Male White WIDOWED DIVORCED 4/16/93 74 vrs.
ficate be e physician please r myal, and in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired 10b. KIND OF BUSINESS OR INDUSTRY glass merchant 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? USA 13. FATHER'S NAME
oding The remo	unknown unknown
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Silver Spring, M none unknown R. J. Banello, Jr., 1503 Woodman Ave.,
res that the death physician. signed by the ath urial-transit perm ourial, cremation,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DOUTE MYO CURDIAL INFARCTION STAND DEATH IMMEDIATE CAUSE (a) DOUTE
S & SE SE	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO DUE TO RICTERIO SCIONOTIC BEAUT C.S. YEARS DUE TO
law require attending ple has been see as the but the but the but the prior to but the prior to but the prior to but the prior to but the but	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 119. WAS AUTOPSY
itCIAN: The la nospital or att certificate h ched for use pt. of Health p	PERFORMED? YES NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO NO PERFORMED? YES NO NO PERFORMED? YES NO NO PERFORMED? YES NO NO NO NO PERFORMED? YES NO
he letais Cetain	County C
etained by tetained by the Story of the State of the Stat	21. I certify that (1) this hospital) attended the deceased from //27, 1961, to 2/271968 that (1) we) last saw the deceased alive on 2/26 1968, and that death occurred at 0 4M, from the causes and on the date stated above.
OR / DE L	22a, SIGNATURE MED. MED. STAFF 22b. PATE SIGNED DIRECTOR PHYS. 22b. PATE SIGNED 2 27 6
TO HOSPITAL Page 4 may O FUNERAL director, pag should be fill	22c. BHYSICIAN'S NAME (Type) 22d. ADDRESS 22d. ADDRESS
To Parities	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) 1 March 1968 Gate of Heaven Cemetery Silver Spring, Md. 24. FUNERAL DIRECTOR ADDRESS Wash., DC 25a. REC'D BY REGISTRAN SOCIAL MARKET.
VR AI5 (4) 20M 1/65	Rinaldi Funeral Home, Inc. 7400 Ga. Ave., N. WATE

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m v. k. adversor	- KW	- 1				ND STATE DEPARTME				
17	1			11737	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STRE	ET, BALTIMORE, I	MARYLAND 21201		
1 -	- '			14401		CERTIFICATE OF D	EATH		0271	17
	로 _ 7 로			CEASED-NAME First	Middle	D last .	2o DAT	E OF DEATH		2b HOUR
	deat deat		(1	ype or print) SUSAN	ANN	BARBARISI	6	Arb De	Lo Gol	11 IPM
	ter E		3 SE	Х ,	4. RACE	S DATE OF BIRT		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	The same of the sa	1	1	male	White	3-25-	-1898	lost buthdoy) YRS.		NOTIKZ WIM
	by hau		7a		LITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRI	ED 9. COUNTY	OF DEATH		
	A h in sers			Kingston Ga	4.5 A	WIDOWED DIVORCI	- 161	reameny		Md
	ithin 24 Vithin 72	1/6	10	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR give-streat oddress)	INSTITUTION (If nat in haspitol	12a USUAL OCCUPAT	ION (Kind of wark done ing life, even if retired.)	12b KIND OF I INDUSTRY	BUSINESS OR
	Tage T		120	Othes da	Suburban Residence befor	# 13c CITY OR TOWN 13	Zhome m	STREET AND NUMBER		
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	and con	3	14, 1	ATHER'S NAME First	M ddle Lost	15 MOTHER'S MAIL	DEN NAME First	Middle		Lost
	be in all se r		L	John	Dali	ence	mary	(Wirks	wever)
	rtificate by physician en please aval, and i		16e. Y	WAS DECEASED EVER IN U.S. ARMEE es, na, of Unknown) (If yes give war	or dates of service) 16b. SOCIAL SECURIT		SON	RD # Podress Honeybro	Box 74	M nna.
	ph)		-	740			DAKID IN	Honeyord	APPROX M	ATE INTERVA.
	at the death cer the attending prisit permit. The			PART I. DEATH WAS CAUSED I	ane couse per time for (a), (b), and ((9.)	afrede		GETWEEN ON	ISET AND DEATH
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	the arrived if pe			Canditians, if ony, which gave)	(b) Was A gonsequence (marine Car	dioverse	uas Hin.	era 16	14-
	that an. by # ransi			nse to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	OF	000 770-00			
	es t sicia ed b al-tr			last.	(c)					
	equires physici signed burial-t burial-t			PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION	GIVEN IN PART 1(a)		
	law re nding been s the ior ta		×	41-3						
	The law ratending e has been use as the alth prior ta	V	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NOTION FOR WHICH OPERATION WAS		I CA	b. IF YES, WERE FINDINGS USES OF DEATH?	CONSIDERED IN CE	RTIFYING
	r at r at e ha use	Λ	ERTIF	21a ACCIDENT WAS UNDERLYING	LON THE OF BUILDY	YES T	МО		1. 202	
	HYSICIAN: 1 haspital or is certificate ached far us ept. af Healt			OR CONTRIBUTING CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M. Month Doy Ye	or Zic. HOW INJURY OCCU	KKED (Enter noture at	injury in Port 1 or Part 2,	, Item I&.)	
	rspit aspit entir		MEDICAL	(If either, natify medical examiner 21d INJURY OCCURRED 21e Pl	ACE OF INITIDY CAT HOME FARM, STREET,	FACTORY.) 21f. LOCATION Street	or P.F.D. No.	City or Town	County	State
	-			at work	ACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.					
	ING by t fter fter be a			22a. I certify that (I) (this	hospitol) attended the deced	osed from 2/18	, 19 <u>_68</u> _, to.	2/20,1	9 <u>68</u> , that	(I) (we) lost
	OR ATTENDING be retained by INECTOR: After e 3 shauld be ed with the State			sow the deceosed one	hospitol) attended the deceder on 3,20 (I) (we)(did) (did nat) view th	_19 <i>@X</i> _, and that in (my) e bady after death.) (our) apinian dea	th accurred on the d	late and hour a	ind from the
	ATT estair CTO sha			22b. SIGNATURE	, (my taidy taid many view in			220	DATE SIGNED,	
	OR 28 28 38 88 88 88 88 88 88 88 88 88 88 88 88			Korrelas	Saw, M.	DEGREE PHYS	MED. DIRECTOR	STAFF D	121/6.	8
	TAL May Page Page Pefilie			22d. PHYSICIAN'S NAME (Type)	1. R. 22 M	22e. ADDRI		01	Rene	
	O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the 1	,			o W. BARR, M		OLDGEORG		15KTHES	
	And House		230.	BURIAL CREMATION, 23b. DA REMOVAL (Specify) 2-	TE 23c. NAME C	of cemetery or crematory yril Methodi		ATION (City or Town)	(County)	(Stote)
	5-5		24	FUNFRAL DIRECTOR	24-68 St.C	55	So REC D BY REGISTRA	R 25b. REGISTRAR	'S SIGNATURE	,
	VR A15 (4) 30M REV 37	68	Ŕ	OBERT A. PUME	PHREY, Betheso	la, Maryland	DATE FEB 29	1968 gclie	mes Jus	Sage Same
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32732		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	0271a
1 DECEASED-NAME First (Type or print)	Middle	BARKER	2a. DATE OF DEATH Month 14 Day	2b HOUR
TUA			. 1	I IF UNDER 1 YEAR I IF UNDER 24 HRS.
3. SEX	4. RACE	S. DATE OF BIRTH	1894 6. AGE (In years last birthday) 74 YRS.	MONTHS DAYS HOURS M.N.
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	4
KUSSCA	USA	WIDOWED DIVORCED	MONTGOMER	
10. CITY OR TOWN OF DEATH 5120 ER SPRI	11. NAME OF HOSPITAL OR IN give street address)	STITUTION (If not in haspital 12a USU during m	At OCCUPATION (Kind at wark dane ast of warking life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
13a USUAL RESIDENCE (Where deceased admission) STATE	tived if institution Residence before 13b. COUNTY HCN/60MERY	13c. CITY OR TOWN 13d. INSIDE CITY CHEVY CHASE YES N	LIMITS? 13e STREET AND NUMBER	CHASE DR.
14, FATHER'S NAME First	M.ddle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Last
JOSEPH	KAUFMA			
Yes, na, or unknown) (It yes give wor	D FORCES? or dates of service,	NO. 17. INFORMANT SON	Address - 352 - 40001	H-CH MD SBINE ST.
18. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c) BY:)	** *** ***	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED IMMEDIAT	BY: E CAUSE (a) AGLIC LCC	ELUSIUM CIRCUMF	CEX HICICRY E.	
411	DUE TO OR AS I CONSTOURNED OF	LUDDING LACE	10, 7, 0	2hrs
Canditians, if any, which gave) rise to immediate cause (a),	(b) 121 Y	CHRDIAL INF.	HIEC I I DIN	
stating the underlying cause	due to, or as a consequence of	EN LOSELL- ROSI	<u>'</u> S	
PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
19a, DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	REFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
19a. DATE OF OPERATION 19b CO		YES 📉 NO	CAUSES OF DEATH?	2
			er nature of injury in Part 1 or Part 2,	Item 18.)
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natify medical examine 21d. IN INTRY OCCURRED 22e, F	er) PM. 1	9		
While Not while at work	PLACE OF INJURY (AT HOME FARM, STREET, FA OFFICE BUILDING, ETC.	(CLORY.) 21f LOCATION Street or R.F.D. No		Caunty State
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saw the deceased ali	ye on(i) /(we) (d.d) (did not) view the	19 , and that in (my) (aur) ap	oinian death accurred an the d	ate and haur`and tram the
22b SIGNATURE	(Me) (the) folial folial stew the		220.	. DATE SIGNED
1. uno	1/1/200	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS.	2-14-68
22d. PHYSICIAN S NAME (Type) TERM	MARD U. CST	Now 22e ADDRESS 7	CASTERN	AUE SSM
230 BURIAL, CREMATION, 23b. D		CEMETERY OR EREMATORY	23d. LOCATION (City or Town)	(County) (State)
		DAVID HEMORIAL	RARDEN - FALL	S CHURCH-VA
24. FUNERAL DIRECTOR RIEBELA 21) DANZ	ANSKY > SEINS - N	CASIT. DC So REC'D	BY REGISTRAR 1968 PAR	and mage

MARYLAND STATE DEPARTMENT OF HEALTH

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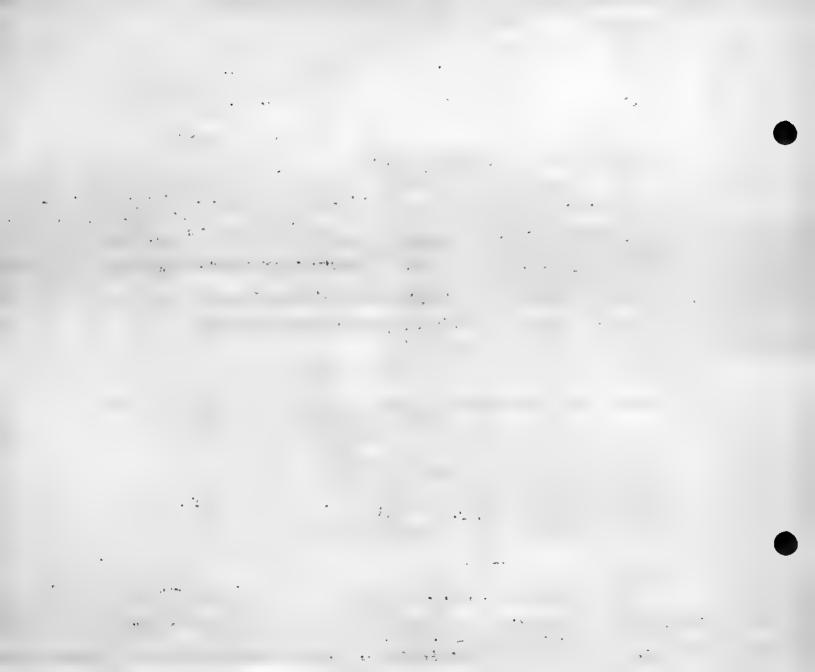
		MARIEAND STATE DEPARTMENT OF HEACTH
11		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 02719
- (A)	1 DI	CEASED NAME First () Middle Last [2a DATE OF DEATH 2b. HOUR.
E PR	(1	ripe or print) NICHA RANCA 2 Month/6 Day 6800 5/5
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physician. signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Pagburial, cremation, ar remaval, and in any event, within 72 haurs	5	ILVER SPRING give street address) NUXSING HOME during most of working life, even if retired TEMPLAND NUXSING HOME SHOE REPRINING
ar the series of	3a.	JSUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
e e e e e	adm	ADDRIFINGTON 13b. COUNTY D.C. I D.C. YES NO 1833 SUMMIT PL-NU
S E E	14	ATHER'S NAME First Middle Last IS MOTHER'S MA DEN NAME First Middle Last
requires that the death certificate be executed within signed by the attending physician and campletely burial-transit permit. Then please remave carban a burial, cremation, ar remaval, and in any event, with		DOMINIC BARRANCA MARY WIK. DIADONE
an lan	16c	WAS DECEASED EVER IN U.S. ARMED EDICES? 116b. SOCIAL SECURITY NO. 117 INFORMANT Address
ysic Pleas	У	is, no. or unknown) [(15 yes give wor or dutes of service) UNIX. HOSP. CHINET MRS. BRIGIDA A. BARRANCA BATE
erii de ge de	-	APPEOXIMATE INVERVAL
attending permit. The		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY-
aritim de la		MMEDIATE CAUSE (0)
P of the d		DUE TO, OR AS A CONSEQUENCE OF
£ \$ £ £ Ø		Conditions, it any, which gave) (b) Cerabrul Certeuroscleroscos
hat P. 1 ans		rise to immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires the physician. signed by burial-tran		last. (c)
hys urio urio		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART I(0)
a b	_	5 4 1 X
4: The law re ar attending the has been use as the call har priar to	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
as the last	2	YES NO CAUSES OF DEATH?
AN: The all ar att icate ha far use Health p	E	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
A Paricial		□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Manth Day Year
YSICIAN: 1 respital are certificate for us pt. of Healt	MEDICAL	(If either, natify medical examiner) P.M. 19
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the harmonia details belong the b		While Not while at wark at wark
E SE T		22a. I certify that (I) (this hospital) attended the deceased from 19 (a), 19 (b), ta 2 (c), 19 (c), that (I) (we) la saw the deceased give on 19 (d), and that in (my) (our) opinion death accurred on the date and haur and from the
ATTENDING PHYSICIAN: The law re retained by the haspital ar attending ECTOR: After this certificate has been 3 should be detached for use as the with the State Dept. of Health prior to	1	saw the deceased olive on19_0/, and that in (my) (our) opinion death accurred on the date and haur and from the couses stated above, (1) (we) (did) (did nat) view the bady ofter death.
Tien Set		22c. DATE SIGNATURE.
OR ATTENDING PHYSICIAN be retained by the haspital DIRECTOR: After this certifical standid be detached for ed with the State Dept. af He	L	ATTENDING A MED STAFF I 12/16/68
ITAL OR May be 1	Н	DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 22e. ADDRESS
SPITAL 4 may VERAL rar, pag id be fi	1	NAME (Type) BORIS KABKININD. 1019 Lournesty (Shirt, Tol) Sugar
OSF INE	22~	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
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5-5	24,	FUNERAL DIRECTOR ADDRESS AC 20012 2SG. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV 1/68	(1	1 - m/
20141 KE4 1/00	17	VALUE TO PLEASE HOME, THE TEO GEORGE A FREE, N. W. WASHINGTON DATEFEB 20 1968 POLICE



,		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
·	4	CERTIFICATE OF DEATH 02720
100	1. D	CEASED-NAME First Middle Last 20 DATE OF DEATH 2b. HOUR
で		YPE OF PINT) EARLE SALISBURY BATES FEB 2 1968 VO AM
37 5	3 SI	X 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 14 PARS
the ages		male white 12/19/1897 lost birthday) YRS. MONTHS DAYS HOURS MAN
haurs aff by the s. Pages haurs af		IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
F BBC	coní	mase- USA WIDOWED DIVORCED MONTGOMERY Md.
To ale	10, 1	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even 'f retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even 'f retired.)
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and ren	'"	Since the state of
te bridge	16a	WAS DECEASED EVER IN U.S. ARMED FORCES?, 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
y sie	1	es, no, or unknown) (symposius designed 052-18-3744 Wife-Emily Batis - Same as above
n certificate be executed withing physicial and climpletely for Then please remave carbanemaval, and in any event, with		LEY. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath ndin iit.	1	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Dry acardial Defore how
e death attendii sermit. an, ar re	ı	410, 4 DUE TO, OR AS A CONSEQUENCE OF
t the the usit p	ı	Conditions, if any, which gave is to immediate couse (o). (b) all hemselemen, comments
tha an. by ran ran		stating the underlying cause Dut 10, OK AS A CONSEQUENCE OF
quires that the physician. sigmed by the burial-transit burial, cremat		last. (c)
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CIAN if all fail of He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 19
s PHYSIC the haspin this certi detached e Dept. of	Æ	21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Gity or Town County State
this this letter	П	at work at work
DING J by the After J be d	П	220. I certify that (I) (this hospital) attended the deceased from 19 49, to 2 - 1, 19 68, that (I) (we) lost saw the deceased alive an 19 8, and that in (my) (our) opinion death occurred on the date and from the
R: A	П	saw the deceased alive an
ATT ATT STATE OF STAT		22c. DATE SIGNATURE
OR DE L		DEGREE PHYS DIRECTOR STAFF DIRECTOR 12.2-69
IAL DAG	1	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS
HOSPITAL OR ATTEN ge 4 may be retained FUNERAL DIRECTOR: rectar, page 3 shault hauld be filed with the		
Page 4 may be retained by the haspital or attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed very be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate ham be no signed by the attending physician and completed director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye cart shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event,	230	BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) RENOVAL (Specify) 2-5-1968 Parklawn Cemetery Rockville, Md.
5-5-2	24	EINEDAL DIDECTOR ADDRESS 250 REC'D RY REGISTRAR 25b REGISTRAR SIGNATURE
VR A15 (4) 30M REV. 1/68	Ĵ	oseph Gawler's Sons, Inc. 5130 Wisc, Ave. N. W DATE FFB 8 1908
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02721 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR death. (Type or print) L. February Month Harvey BEARDEN gup 1100FM after ourial-italisti permit. Then please remave carban papers. Pages 1 burial, cremation, or remaval, and in any event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER I YEAR IF LINDER 24 HRS. MONTHS QAYS HOURS February 15, 1921 Male Caucasian attending physician and completely filled in by the sermit. Then please remave carban papers. Page requires that the death certificate be executed within 24 haurs 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED (auntry) Montgomery USA WIDOWED [DIVORCED (Alabama 1D. CITY OR TOWN OF DEATH HI NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR dyung most of working life, even if retired.) give street address) Naval Hospital INDUSTRY N/A Bethesda 130. LSJAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. NSIDE CITY LIM TS? 13e STREET AND NUMBER 13b COUNTY YES 🗀 NO T P.O. Box 372. Cedar Lane Swansboro 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Lyla Graves Meadows Lee Madison Bearden 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) 1946-68 Marine Corps Records APPROXIMATE NTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Endocarditis, bacterial IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tramsit p Canditions, if any, which gave) Aortic valvular heart disease use to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES K Yes NO | 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from Feb. 9 , 1968, to Feb. 21 , 1968, that (1) (we) last sow the deceased olive on Feb. 21 1968, and that in (my) Febr) opinion death occurred on the date and hour and from the , that XII (we) last causes stated abave, (we) (did) (&& NoA) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. Feb.23, 1968 DEGREE 22d. PHYSICIAN S 22_B. ADDRESS NAME (Type) Naval Hospital, Rethesda. Maryland 230 BUR AL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State) REMOVAL (Specify) 24/68 Troy, Alabama 2Sb REGISTRAR S SIGNATURE Falls Church Funerappessiome 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DATE FEB 2 6 1968 Street, Falls Church, Va. 30M REV 1/68 1102 West





MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ETHEL DECEASED NAME Middle Last 2o. DATE OF DEATH 2b. HOUR death. (Type or print) 4 RACE haurs after [3. SEX S. DATE OF BURTH 6 AGE (In years IF UNDER 1 YEAR last birthap DAYS HOURS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED WIDOWED TX DIVORCED e variable 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) RANDOLPH HILLS NURSING HOME 4011 RANDOLPH RI 12a, USUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH during most of working ife, even if retired.) 4011 RANDOLPH RD burial-transit permit. Then please remave carb burial, crematian, or remaval, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13r CITY OR TOWN 13e, STREET AND NUMBER 38. INSIDE CITY LIMITS? cample requires that the death certificate be executed 9503 NO T 14 FATHER'S NAME MOTHER'S MA, DEN NAME First M ddle signed by the attending physician and burial-transit permit. Then please rem M. ddle Last Last E155 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ATHEOR MANT Yes, na. ar unknown) (If yes give war or dates of service) 125-28-7066 18. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).)
PART I. DEATH WAS CAUSED BY. THROM BOSIS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) CARDIOVASCULAR DISEASE rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) attending IO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta 19o. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔯 YES | 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark ed the deceased from 9/30, 1966, ta 2/25, 1968, that (1) (we) last 2/24 1968, and that in (my) (eer) apinian death accurred an the date and haur and from the 22a. I certify that (!) (this hospital) attended the deceased fram... saw the deceased alive an_ Page 4 may be retained causes stated above, (1) (we) (did) (did-net) view the bady after death 22b. SIGNATURE (22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 800 23g. BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) FEB 2 TRAR 1968Sb. REGISTRALE STEMPLUS VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle First 20. DATE KNOWNED Month (Type or Print) ESTI-KICHARD DEATH MATED 3 SEX 4 RACE S DATE OF BIRTH IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD MONTHS DAYS HOURS lost birthday) MIN. _Day 18 _Year 26 YRS 7o BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH RYLAND WIDOWED DIVORCED MONTGOMERY 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (of not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during grast of working life, even if retired) INDUSTRY AUREL 130 JSUAL RESIDENCE (Where deceased lived, it institution Residence before 13c CITY OR TOWN 13d. NSIDE CITY LIMITS? 13e STREET AND NUMBER 135. COUNTY MONT and 2 14 EATHER'S NAME Middle Last MOTHER'S MAIDEN NAME ECRAFT VIRGINIA hours bages 17 INFORMANT ADDRESS 216-40-5923 BARBARA 2402 Grosgin Pal 18. CAUSE OF DEATH (Enter only one cause per line life (all, (b) and (c) permit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions if any, which gave rise to immediate cause (a). e word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ≘ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a) 0 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO I YES [21g EXTERNAL CAUSE WAS 2.b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature at in any 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF N.URY (At hame, farm, street, Cty or Town factory office building, etc.) AT WORK AT WORK 22a | certify that I taak charge of the remains described epoye, held an Autopsy [Inspect on K Inquiry death resulted from Natural causes Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL SIGNATURE _ may NAME (Type) 446 50 23g BURIAL CREMATION 23d LOCATION (City or Town) ((Qugty) REMOVAL (Specify) FUNERAL DIRECTOR 25a REC'D BY VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2725 CERTIFICATE OF DEATH DECEASED NAMEL E-NA First Middle 20 DATE OF DEATH 2b. HOUR ond 2 after death. funeral (Type or print) Month ELIZABETH. signed by the ottending physicion ond completely filled in by the fun burial-transit permit. Then pleose remove corbon papers. Pages I burial, cremation, ar removal, and in any event, within 72 hours after 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER I YEAR OF UNDER 24 HRS 6. AGE (In years last burthday) MUNTHS DAYS HOURS hours 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED T NEVER MARRIED country U.5.A WIDOWED -D-VORCED [MORVLAND 77 10. CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street address during most af warking life, even if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if nstitution: Residence before 1/3c CITY OR TOWN 13d. INSIDE CITY , IMITS? 13e. STREET AND NUMBER admission) STATE YES TY NO F 14. FATHER S NAME Middle First IS. MOTHER'S MAIDEN NAME First Middle Lost 160 WAS DECEASED EVER IN U.S. ARMED FORCES? TODASOCIAL SECURITY NO. INFORMAN' Address/ (If yes give war ar dates of service) Yes, no. or unknown) offending phys 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gave t rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **O FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. af Heolth priar to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **CAUSES OF DEATH?** YES [21a. ACCIDENT WAS UNDERLYING OR ATTENDING PHYSICIAN: 236 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State OFFICE BUILDING, ETC. While Not white at work 22a. I certify that (1) (this haspital) attended the deceased from ... , and that in (my) (aur) apinian death accurred an the date and have and from the saw the deceased alive an. causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED DEGREE 2-12-68 PHYS DIRECTOR 22d. PHYSICIAN'S 22a. ADDRESS NAME (Type) 321 ARREN TRINCE 23b DATE 23c. NAME OF CEMETERY, OR CREMATORY 23g BUR AL, CREMATION LOCATION (City or Town) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRES: VR A15 (4) 30M REV. 1/68 DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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	12b KIND OF BUSINESS OR INDUSTRY
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STATE OF STA	FF PUNE
14. FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle	lost
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	MEDICAL EXAMINER'S CERTIFICATE OF DEATH OECASID NAME

MAKTLAND STATE DEPARTMENT OF HEALTH

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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2721
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te, writin forward forward m used a	CERTIFICAT ON	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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3		22a. I certify that I took charge of the remains described above, held an Autopsy Inspection M. Inquiry A. death resulted from: Natural causes M. Acedem J. Suicide J. Hamicide J. Undetermined manner	and in my opinion
d ase		death resolved void: National classes [2], Advided [1], Solicide [1], Indifficial examiner [1]	J
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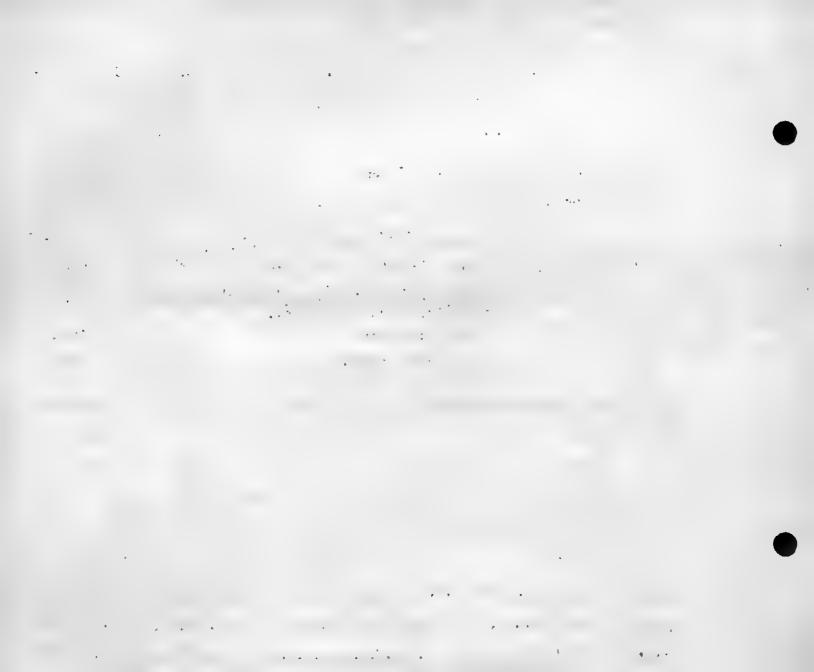


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MARYLAND STATE DEPARTMENT OF HEALTH



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ath ndin ii.	Н	PART I. DEATH WAS CAUSED	BY: IE CAUSE (a)	MMAT	TAV217.	7		2,0	Da-C
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ndin beer s the iar t	CERTIFICATION	9a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPE	RATION WAS PERFORME	20a. AUTO	PSY?	206 IF YES, WERE FINDING	GS CONSIDERED IN CE	RTIFYING
has has h pr	TEIC				YES [NO 🗌	CAUSES OF DEATH?		
ate ir us ealt		ETa. ACCIDENT WAS UNDERLYING			1c. HOW INJURY OC	CURRED (Enter notu	ore of injury in Part 1 ar Por	t 2, Item 18.)	
af far		or contributing cause of DEATH If either, notify medical examin	er) P.M.	h Doy Yeor 19					
be derached for use as the State Dept. of Health prior to		nt work - at work -	PLACE OF INJURY (AT HOME				City or Town	Caunty	State
ffer be o	П	22a. I certify that (I) (thi saw the deceased al	s haspital) attended	the deceased fra	n	, 19_4_8	, to <u>>-</u> - y	19 <u>68</u> , that	(I) (we) las
wid wild the		causes stated abave	(l) (we) (did) (did no	at) view the bady	ter death.	iy) (abi) apiillali	deam accorred an me	e date and naor t	mu trum the
RECTOR: A Shauld with the		22b. SIGNATURE	15	2/ -	ATTENDI	NG MED.	STAFF C	22c DATE SIGNED	-2
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age / FUN	23a.	BURIAL, CREMATION, 23b. D		23c. NAME OF CEMETER	Y OR CREMATORY		d LOCATION (City of Town) Silver Sprin	(County)	(State)
,	24-1	REMOVAL (Specify) Surial AMERAL DIRECTOR FU				25a REC'D BY REC	GISTRAR 25b. REGISTA	AR S SIGNATURE;	sec.
VR A15 (4) 30M REV. 1/68	PYS	ON WHEELER FU	JNERAL HOME Rock	1355 Roc	rvland	DATE FEB	9 1963	a revolution	0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery within 72 hours after MARYLAND Montoamery b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) write RURAL and give negrest town) Wheaton mos. Silver Sprinn d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? paper University Nursing Home 1703 Frot West Highway YES 🔡 NO 💢 requires that the death certificate be executed within NAME OF attending physician and completely family. Then please remove corban Middle 4 DATE Doy Yеаг DECEASED Conie Gidean Bo le Type or print) event, DEATH SEX 6. COLOR OR RACE 7 MARRIED AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. NEVER MARRIED 8 DATE OF BIRTH lost birthdov) Months Davs ond in ony WIDOWED DIVORCED Cemale Caus. 8/14/1887 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? uomemaker British West Indies 13. FATHER'S NAME burial, cremotian, or removal, 14 MOTHER'S MAIDEN NAME Ernest Mernis Esther Dellousa 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 17. INFORMANT 16 SOCIAL SECURITY NO. Address permit. na none 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Exterio-Sclerotic C-DUE TO Conditions, if only, which gave rise to immediate couse (a). DUE TO stoting the underlying couse os the prior to b O FUNERAL DIRECTOR: After this certificate has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? MO the hospital or ٷ 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) OR CONTRIBUTING I CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TiME OF NJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (Ety or town) (County) (State) Not While factory street, office blda etc.) TO HOSPITAL OR ATTENDING Poge 4 moy be retained by the of work L of work 21. I certify that (1) (this hospital) attended the deceased fram. ta_ 0 saw the deceased alive an FRG 26 19 68, and that death accurred at 45 M, from causes and an the date stated above 22g, SIGNATURE 22b. DATE SKONED ATTENDING director, page 3 should be filed v DIRECTOR 22c PHYSICIANS 22d ADDRESS NAME (Tope) orbert Kramer, M. D. 8484 16th Ct., Silver Spring, Md 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gty or Town) REMOVAL (Specify)
Burial 2-28-68 Ferncliff Cemetery Hartsdale, N.Y.
RAR | 25b | REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 250. REC D BY REGISTRAR VR A15 (4) 25M 1/67 Goldberg Funeral Home 4217 9th Street N.W. DATEFEB 28 196B Ochandas



1		32746	DIVISION OF VITAL RECORD		ON STREET, BAL' E OF DEATH	TIMORE, MARYLAND 21201	2732
ne funerol ges, ond 2 offer deoth.	1. D	ECEASED-NAME First Type or print) EST	ELLA CLARK		Lost CGHT	20. DATE OF DEATH 2 Month 17 D	2b. HOUR
The Part of the Pa	3. SI	Fema l e	4. RACE Negro		ATE OF BIRTH	6. AGE (In years last birthday)	IS UNDER 1 YEAR IS UNDER 24 HRS MONTHS DAYS HOURS MIN. S.
nin 72 hour	7o l	BIRTHPLACE (State or foreign natry) Maryland	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED 🔀 N	EVER MARRIED DIVORCED	9. COUNTY OF DEATH Montgomery	Mi
έ.	10. (Olney	11 NAME OF HOSPITAL OR give street address) 11 On	tgomery Go	1 1 1	JAL OCCUPATION (Kind of work done nost of working life, even if retired.	
1	13a adm	USUAL RESIDENCE (Where decease issian) STATE Maryland	sed lived, if institution. Residence before 13b. COUNTY Howard	13c. CITY OR TOW		umits? 13e. STREET AND NUMBER 10 Greensbrid	ge Road
,	L	FATHER'S NAME First Andrew	Middle Last John	son		First Middle Alvina	lost Clark
5	16a.	WAS DECEASED EVER IN U.S. ARA (es, na, ar unknawn) (If yes give w	MED FORCES? war or dates of service)			Address neral Hospital (Olney, Maryland
		PART I. DEATH WAS CAUSEI IMMEDIA Canditians, if any, which gave tise to immediate cause (a), (DUE TO, OR AS A CONSEQUENCE (b) Help for leave	Trac here	A fail	use orenoil dies	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 00 ft 1
,	CERTIFICATION	Dealet	(c) (d) DEATH BUT ING TO DEATH BUT IN THE CONDITION FOR WHICH OPERATION WAS	NOT RELATED TO THE	Oa. AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
7,0	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAL (If either, not'fy medical exami	TH HOUR A.M. Month Day Ye	21c. HOW IN	YES NO CURRED (Ente	er nature of injury in Part 1 or Part 2	1 C-CL 2. Item 18.)
	WE	21d. INJURY OCCURRED 21e While Nat while at work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING ETC.	FACTORY.) 21f. LOCATIO			County State
		22o. I certify that (I) (the sow the deceased a couses stated above	ns hospitar) attended the decertifive an 2 - 16 - 6, e, (1) (we) (did) (did not) view th	ised fram	2 - 3 , 19 of in (my) (our) op n.		
		22b SIGNATURE / C vile 22d PHYSICIAN'S Frod	with Moom			MED STAFF DIRECTOR PHYS.	2 - 177 - 68
1	0.0				22e. ADDRESS Sand		(C) (A) (C) (C)
1			-24-68 Bro		hapel	Dayton M	(County) (State)
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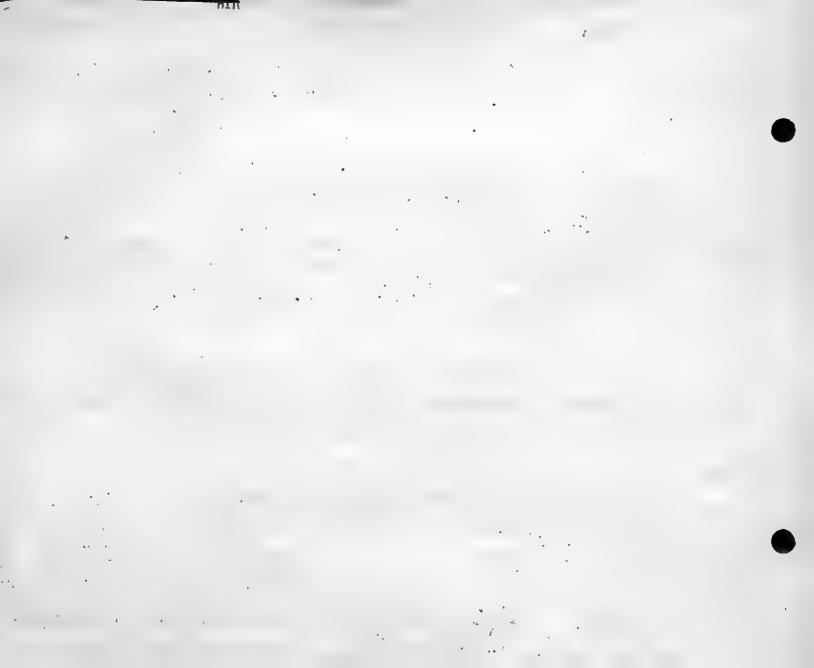
MAKILAND STATE DEPARTMENT OF HEALTH



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To the second	- 1		02747 DI		301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	0.0
					ERTIFICATE OF DEATH		92733
	£ 200		CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
	deo	1	ype or print) Joseph	1 John	Brozak	Manth Day	7 - 1968 830 PN
	2 海流声	3. 5	X 4	RACE	S DATE OF BIRTH	6. AGE (in years lost britisher)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	the the age is at		Male	WHITE	6-23-	20 Igst pritytheeyt YRS.	MONTHS DAYS HOURS MIN
	hours by the s. Pag hours			CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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	in 24 Illed i paper hin 72	10	ITY OR TOWN OF DEATH) IT NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 12a USU)	AL OCCUPATION (Kind of work dane	125. KIND OF BUSINESS OR INDUSTRY
	- A 00 % //		TAKOMA TAI	give street address		ast af warking life, even if ret red.)	S. Gov't
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	and comprements of the compremental compreme	14	ATHER'S NAME First	M ddle Last	IS. MOTHER'S MAIDEN NAME F	irst Middle	Lost 1
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	aquires that the death certificate be executed physicion. signed by the ottemding physician and complexity of the burial-transit permit Then please remove to burial, cremotion, or removal, and in any event	160	WAS DECEASED EVER IN U.S. ARMED I	FORCES? 16b. SOCIAL SECURITY N	O 17 INFORMANTM/25 EX12	ANETH SRAZAW Address C.	
	rtifi phy en oval		1771 /a.	-47 017 600	HOAD.	rase 331	CLEVELINAS ST.
	that the death cerion. I by the ottement of temost permit The cremotion, or remo		1B. CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY	ne cause per line for (a) , (b) and (c)	for all	1 1 1	BETWEEN ONSET AND BEATH
	eatle eatl		IMMEDIATE C		wellwar me	10mg	10 days
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	fico for He		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year	21 NOW INDOM SECONALD (LINE	i nature at inigury at tart 7 of Tart 2,	10.11
	Spiral Sp	MEDICAL	(If either, natify medical examiner) 21d INJURY OCCURRED 21e, PLA	P M. 19 CE OF INJURY (AT HOME, FARM, STREET, FACT	PORY.) 21f LOCATION Street at R.F.D. No.	. City or Town	County State
	s PHYSIC the hospi this certi detoched e Dept. o		While Not while	OFFICE BUILDING ETC.	ZII COCHION SHOOT GI KALD. NO	. ony or rown	5.010
	⊕ ← _ ○ 2		at wark at wark 22a certify that (1) (this h	asnital) attended the decease	d from Fill 10 th 198	P. to Feb (9 19	68 that (I) (we) las
			saw the deceased alive	an PSG 19 - 8 - 1	d from Feb. (0 14-19) 9 L.K., and that in (my) (aur) api pody after death.	nian death accurred an the do	ite and haur and fram the
	ATTENDIN etained by CTOR: After should be ith the Sta			(we) (did nat) view the b	oody after death.		
	OR ATTENI be retained JIRECTOR: 4 e 3 should ed with the		22b. SIGNAPURE	Mill's willy	ATTENDING A	AED. STAFF 224	DATE SIGNED
	ed Se De le		Sylle &	freacture in		AED. STAFF PHYS.	20 - 69 98
	TAI moy tal tal	1	22d. PHYSICIAN'S NAME (Type) LUSE	Williams	22e. ADDRESS 831 ULIU	exerta Blod E S	silver Storing, h
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	II Z	tems, 10,20,22 film 338 MARTLAND STATE DEPARTMENT OF HEACHT
	P	-7-60 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
र रहिल्ला	Т	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
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VR A15 (4) 30M REV, 1768		HYSONG FUNERAL HOME 1300-N ST. N.W. DATE FEB 29 1968 goliantes June



/ I	Ite	ems 18,21,22 film 39MARYLAND STATE DEPARTMENT OF HEALTH -14-92, at DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	120	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1,2735
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ctor.		death resulted from: Natural couses 🗌 , Accident 🔀 , Suicide 🔲 , Homicide 🔲 , Undetermined monner 🗌	
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		12751) DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 2736
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resting the design of the desi	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote
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HO Oge Prou	23a.	BURIAL CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL Specify) 2/15/68 Ft/ Lincoln Cemetery Prince Georges County, Md.
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VR A35 (4) 1768	24.	FUNERAL DIRECTOR A. H. H. M. S. Funeral Home Wash. L.C. DATE EB 15 1968
	10	17. N. DAID / WITCH //OTTO



		MARYLAND STATE DEPARTMENT OF HEALTH	
14 /1)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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trifica hysia n pla vol,		Yes, no, or unknown) (If yes give war or doles of service) 579-05-7559-A WIFE Elizabeth L. Burrows	
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VR A15 (4)	24.	FUNETRAL DESCRIPTION C. Glen Carteradoress arner E. Pumphrey, Inc. 8434 Ga. Ave. S.S. Md. DATE DATE	ATURE' AS APPLICA
30M REV. 1/68	1110	DATE DE PUBLICIES INC. 8454 Ga. AVE. S.S. Md. DATE	146



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FRA mod par, par, par, par, par, par, par, par,		NAME (Type) David	d L. Lil	ien		Institutes	of Hea	lth, Bethe	esda. Mo	
HOS FUN FUN	23o.	BURIAL, CREMATION, 23b.			CEMETERY OR CR	EMATORY	23d LOCATION	(City or Town)	(County)	(Stote)
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VR A15 (4) 30M REV 1/68	24	FUNERAL-DIRECTOR		ADDRESS	Va.	PEEB PEECB	9 196	3 25b REGISTRAR'S	SIGNATURE	2 :

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MAKYLAND STATE DEPARTMENT OF HEALTH

1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12740
HEALTH DEPT.		DECEASED NAME First Moute Lost 20 DATE KNOWN A Month	Day Year 2b HOUR
2000	1	(Type or Print) maurice A. Cry DEATH MATED . Left	16 19/X 90M
M to Book	3 5	SEX 4 RACE 5 DATE OF BIRTH 16 AGE IN YOUR YEAR OF UNDER 24 HPS. 2c DATE PRONDUNCED DEAD	2d HOUR
y delay , and 3 to PM3. Page artment of		m. W. mar. 15-1908 5-9 YRS. MONTHS DAYS HOURS MIN Month &. Day 6	Year 19/8/02/11
Ty delay 1, 2, and 3 mm PM3. Pa	70	BIRTHPLAGE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED CONEVER MARRIED 9. COUNTY OF DEATH	100
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hours ofter death tem 18. Give Rog Office along with 10nd 2 with the offer death.	14. 1	FATHER'S NAME / First / Middle / Vost / MOTHER'S MAIDEN NAME First / Middle	Lost
4 = 1 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이		Taul Cha. marie Sugar	
thin 24 incl in niner's poges hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	eu -
within 24 pencil in xaminer's xaminer's ile pages 72 hours	(1	Yes, no, or unknown) (If yes give wer or dottes of service) 517-40-9321 Fanns Carl	ne a
xecuted writ rding" in pe Medical Exor permit. File it within 72	<u> </u>		APPROX MATE INTERVAL
urtec g" g" icat ithii		18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) PART I DEATH WAS (AUSED BY. IMMEDIATE CAUSE (a) COFOR BY IT SUSSICENCY ACUTE.	Sudden
e execute 'pending'' ef Medical nsit permit		IMMEDIATE CAUSE (a) COFOR 81 9 LIT 3035 CERCY ACUTE.	
pe e per per / per nsit		Conditions, if any, which gove	
T P P P P		rise to immediate cause (a) (b). Stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e Te word "per to the Chief ! buriot-transit		lost.	
e sl the to to to		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
(AMINER: This certificate should be executed within 24 hours after to the certificate, writing the word "pending" in pencil in Item 18. Give the 4 should be farwarded to the Chief Medical Examiner's Office along your files ago 3 should be used as a buriol-transit permit. File pages I lond 2 with the cremation, or removal, and in any event within 72 hours offer death.		4 201	
war war war	TION	190. DATE OF OPERATION 196 COND TION FOR WHICH OPERATION	20 AUTOPSY?
for for	E SE	WAS PERFORMED?	YES NO NO
The The bear of th	CFR	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter noture of in ury in Port 1 or Port 2, Item	n 18)
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African Strate of Strate o	Æ	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
DEPUTY DICAL EXAMINER: sessary, please execute the cert e funeral director. Page 4 should may be retained for your files FUNERAL DIRECTOR: Page 3 should prior to buriol, cremation.		WHILE AT WORK AT WORK foctory, office building, etc.)	
Page of Page o		22a. I certify that I taak charge of the remains described above, held on Autopsy , Inspection , Inquiry X.	and in my apinian
TY DICAL E y, please executed director. Page retained for tal DIRECTOR: prior to buriol,		death resulted fram: Natural causes X, Accident J, Suicide J, Hamicide J Undetermined manner (
please e director retained. DIRECTO or to bu		CHIEF MEDICAL EXAMINER	
ol d		SIGNATURE John 9 Ball M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SI	
EPUTY Ssary, funerol by be oy be inERAL th prid		EXAMINER'S DEPUTY MEDICAL EXAMINER A FEL	8.16,1968
TO DEPUT necessory the funer 5 may be 10 FUNERA Health p		NAME (Type) ADDRESS(Street, city, town, or county)	
TO DEPU necessal the fune 5 moy b TO FUNER Health	230		County) (State)
2			Md.
K		ADDRESS Sons, Inc. 5130 isc. Ave. N. World as Price 2.3 1868	GNATURE United
VR A15ME (5)	Jo	oseph wawler's Sons, Inc. 5130 "isc. Ave. N. Wood Washing 2.3 1868	A. A.





		DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MAKITAND 21201	
FOR STATE ~		32759 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	.2745
HEALTH DEPT.	1.0	ECEASED-NAME First Middle Lost 20. DATE KNOWN X Month D	Doy Yeor 2b. HOUR
S o e s	1	Type or Print) HELEN M CARTER DEATH MATED FEB	20 1968 8 AM
deloy is and 3 to M3. Page	3 5	X 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
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_E % a	70	BRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1700 0 18
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Par Nith		give street oddress) during most of working life, even if retired.)	NDUSTRY
Give mg we ff.		USUAL RESIDENCE (Where deceased lived, if institution Residence pefore) 3c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
s after 19 Civil e along 2 wuth death.	120	troussion) STATE 13b COUNTY	1
2 2 2			
within 24 hours pencil in Item cominer's Office le pages Land's 72 hours after	14. 1	ATHER 8 NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 in lin lin lin lis ris ris ris ris ris ris ris ris ris r	<u> </u>	Russell Goloum Helen A. Danie	s
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 85 no. or unknown) 11 yes gwe wor or dotes of service) 12. 12. 13. 13. 14. 15. 15. 16. 17. 18	
l with n per Exom File p		no (Hyes give war or dates of service) 214-42-6239 ROBERT T. CARTER - HUSBAN	
ed		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" in Medical permit at within		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Post Partum Hemorrhage	4 for
exe mdi Me nt		653 X DUE TO, OR AS A CONSEQUENCE OF	
be "pe iief insil		Conditions, if ony, which gove) (b) Defibrination syndrome	
Para de la company de la compa		rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per a the Chief ! burial-transit		last.	
MINER: This certificate should be executed within 24 hours after death the certificate, writing the word "pending" in pencil in Item 19. Give Peg 4 should be forwarded to the Chief Medical Examiner's Office along with in files. 8 Should be used as a burial-transit permit file pages land & with he Stomation, or removal and in any event within 72 hours after death.		PARY 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
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wair wair wair sed	0	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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R: entid ould ooul	MED CA.	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
INER: he cert shoul files. 3 shou	E C	21d N.JRY OCCURRED 21s PLACE OF IN.JRY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	County State
AM e the our our ren		WHITE NOT WHITE foctory, office building, etc.) AT WORK AT WORK	
DICAL EXAMINER: This certificate should be executed with lease execute the certificate, writing the word "pending" in pedirector. Page 4 should be forwarded to the Chief Medical Exorationed for your files. DIRECTOR: Page 3 should be used as a burial-transit permit file in to burial, cremation, or removal and in any event within 72.		220. 1 certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ,	ond in my opinion
CAL exe or. I d for iTOF		deoth resulted from: Notura: causes , Accident , Suicide , Homicide , Undetermined monner	
please et director retoined . DIRECTO or to bus		CHIEF MEDICAL EXAMINER	J
E 2 . 0		ACTUAL 22h DATE CI	GNFD
JTY ITY, ero be be pri		JIGNATURE	
o DEPUTY Dolch	1	EXAMINER'S John G. Ball 7936 Old Georgetown DEPUTS MED CAL EXAMINER AND Telescope to William Deputs Med Cal Examiner & Jelescope to William Deputs Med Cal Examiner &	
10 DEPUTY necessory, the funero 5 may be 10 FUNERA Health pr	230	BIRIA CREMATION 23h DATE 12% NAME OF CRETTER OF CREMATION (Ctv or Town) (C	County) (State)
	130	BUTTATE(V) 2/22/68 Darnestown Darnestown,	Montg. (Stote) Md.
Q.	24.	FINERAL DIRECTOR 1271 DO ADDRESS 1 1 0 D. L. 1250 REC D. RY PEGISTRAR 1250 RECONSTRAINS SI	GNAIJRE
VR ATSME IS	"	Mean Wheler Rockville, Maryland DATE FEB 26 1968 Tolo	res Just
10M REV, 1/68		Many William War I Tour Land I was a see a	

MARYLAND STATE DEPARTMENT OF HEALTH



2_		MARYLAND STATE DEPARTMENT OF HEALTH				
.]			32760 DIVISION OF VITAL RECO	ORDS, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
		l		CERTIFICATE OF DEATH		0274h
£ . = 2	疟		ASED NAME First Middle		20. DATE OF DEATH	2b. HOUR
ond	death	('	or print) Clarence M.	CasE	February 7	1968 615
See - See	ours after	3. SE	Male 4 RACE Zuhite	S. DATE OF BIRTH	6. AGE (In years lost birthday) 99 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
- 5 3	our		THPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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	within カル	10 C	OR TOWN OF DEATH 11 NAME OF HOSPITA give street oddiess) Sullus	LOR INSTITUTION (If hot in hospital liza. USI during n	UAL OCCUPATION (Kind of work done) most of working te, even if retired.) Farmer	12b. KIND OF BUSINESS OR INDUSTRY Farming
ed with	ŧ, ' '		UAL RESIDENCE (Where deceased lived, if institution Residence	before 13c. CITY OR TOWN 13d. INSIDE CITY	UMITS? 13e. STREET AND NUMBER	A CER III C I EM
ecute comp	, e	odm.	Philipping 13b. County Symme	ry Germantown YES !	NO Rt. 2.	
quires that the death certificate be executed with hysician. Igned by the attending physician and campletely urial-transit permit. Then please remove corbon	buriol, cremotion, or removal, and in any event, wit	14 F	HERS NAME First Middle	Ldst IS. MOTHER'S MAIDEN NAME	First Middle	lost ("ari
ate l	and		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SE			
tifice hysi	val,	Y	no_pr_unknown) (If yes give war or detes of service) 220-56	-7300 Elberta Cas	e Same as I	Item 13.
cer The p	OLL		CAUSE OF DEATH (Enter only one couse per line for (o), (b),	· · · · · · · · · · · · · · · · · · ·		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±	noti		inditions, if ony, which gove (b) Severe	coronary arterioscler	osis	min years
quires that the physician. Signed by the burial-transit	crer		oting the underlying couse DUE TO, OR AS A CONSEQUE	NCE OF		0.0
quires the physician. signed by burial-tro	101,		st. 4 2 77 (c)			
requ ph sig	ing (Ш	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
ding ding the	prior to	Ö	o. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	WAS PERFORMED U 20g. AUTOPSY2	20b IF YES, WERE FINDINGS CO	ONCIDEDED IN CERTIFYING
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F. The	Heolth p	CERT	o. ACCIDENT WAS UNDERLYING (21b TIME OF INJURY ()	, , -	er noture of injury in Port 1 or Port 2, I	== 18.\
YSICIAN: ospital or certificate hed for us	품 /	₹	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day either, notify medical examiner)	Yeor	or notate at infart in rott 1 of 1911 2, 1	1011
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Affe J by	Stc		2a. I certify that (I) (this haspital) attended the d saw the deceased alive an	6 19 6 E, and that in (my) (aur) ar	onion death accurred on the da	te and hour and from th
ATTEN Stoined CTOR:	<u> </u>		causes stated abave, (I) (we) (aid) (aid not) vie	w the bady after death.		
OR A) be reference 3 sh	ed with the		b. SIGNATURE Daviel Lave	DEGREE PHYS	MED. STAFF 22c. I	DATE SIGNED
	= ,		d PHYSICIAN'S NAME (Type) DATUIEL POWE	PS M.O. 22e ADDRESS W.	Edmonster W.	Rechnill Hy
O HOSPII Poge 4 m O FUNER/ director,	oul 0	230.	JRIAL, CREMATION, 23b. DATE 23c. N/	ME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
0 0 0 ip	# A		Moval (Specify) 2-10-68 Dat	rnestown Cemetery	Darnestown,	Maryland
VR A 30M RE	15 (4) V 1/68	24 RO	NERT A. PUMPHREY, Bethe	oda, Maryland 250. RECD	B 1 3 1968 REGISTRAR'S	SIGNATURE

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	MAKTEAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEDT	A DEFECTO MADE
N D D T	(Type or Print)
Poge	James McCreight Cathcart, Jr. DEATH MATED 2 11 196812:M
2, and 3	loss birthdoy) MONTHS DAYS HOURS MIN MONTH DAY Year
any det 2, and P.M.3. epartime	M W 3-19-12 55 YRS MARRIED 79. COUNTY OF DEATH
	(C.Inley)
ve Pages y with far the State	To. CITY OR TOWN OF DEATH 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
***	during most of working life, even if retired.) INDUSTRY
	Silver Spring, Mailut Inwood Ave. Mailer Newspaper 130 USUA. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. MSIDE GITY LIMITS? 13e. STREET AND NUMBER
	odmission) STATE 13b COUNTY
	Md. Montgometry Sil Spt 10418 Inwood Ave. 14 FATHER S NAME First Middle Lost Sr. 15 MOTHER'S MAIDEN NAME First Middle Lost
	27.
hin 24 ncd in niner s pages hours	James McCreight Cathcart Hollie Pomeroy Savage 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT /// ADDRESSOO1 Red Lion L
	(Yes no, or unknown) (fyes give wat or dates of service) (77-26-00) James M. Cathcart 36 Sil. Spr. Md.
	a CALISE OF DEATH (C-hor poly me page and had all in) and all
executed in Medical Experient Experient File of Medical Experient File of Medical Experient File of Medical Experience of Medical Ex	PART I. DEATH WAS CAUSED BY
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d be executed "pending" i Chief Medical irransit permit.	Conditions if any which gave
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2 > = : = -	lost.
vertificate st writing the rwarded to sed as a bu loval, and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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te, writin forward ie used ar	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
his c afe, y e for be us	WAS PERFORMED?
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INER: T ne certifica should b fules. 3 should	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 12 e. P.ACE OF INJURY (At home form street 12th OCATION Street or R.F.D. No. (ity or Town) County State
CAMINER: te the certified 4 should rour files. age 3 shou cremation,	31016
EXAMINER cute the cer age 4 show files. your files. Page 3 show files. Page 3 show files.	WHILE NOT WHILE foctory, office building, etc.)
LECU Pag ar y	220. I certify that I took charge of the remains described above held an Autopsy I Inspection Inquiry and in my opin an
Ed Control	death resulted from Natural couses Acerdent Suicide , Hamicide Undetermined monner
please direct direct near no DIRECT	CHEE MED CAL EXAMINER
Y, ple eral di se reta tal Di prior	SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
EPUTY essary, if funeral idy be r JNERAL lith price	EXAMINER'S DEPUTY MEDICAL EXAMINER & I 100
TO DEPUTY DICAL B necessary, please exect the funeral director. Po 5 may be reto ned for TO FUNERAL DIRECTOR: Health prior to buriol.	NAME (Type) BELDEN / KEAD M. DODRESKSKAR Dy Towney) JOLY 1/160
the S m	230 BURIAL CREMATION, 236 DATE 230 NAME OF CEMETERY OF CREMATORY 23d LOCAT ON (City or Town) (County) (Stote)
	PREMOVAL (Specify) 14, 1968 Partlawn Comotony Porbuille Propriet
	ACCOUNTRAL DIRECTOR COLOR CONTRACTOR SU ADDRESS 250 RECOLBY REGISTRAR (256 REG STRARS SIGNATURE
VR A15ME (5) 10M REV 1/68	agner E. Furnhaeu Cic. Silver Soins Mi. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. county Montgomery Maryland Montgomery MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda years Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS A. IS RESIDENCE ON A FARM? 4608 S. Chelsea Lane S. Chelsea Lane within 4608 No P YES 3. NAME DF DECEASED First Middle Month 18, 19 68 event. DANK SEABORN CHAMBERS Feb. (Type or print) DEATH 6. COLOR OR RACE 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 7. MARRIED NEVER MARRIED last birthday) Months | Days any Nov. 15.1890 Male Cauc. WIDOWED I DIVORCED (10a. USUAL OCCUPATION (Give kind of work done) = physician 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? S. Homer, Georgia S. Govt: Retired
13. FATHER'S NAME the death certificate 14. MOTHER'S MAIDEN NAM remova attending permit. Then Josie Cash Thomas N. Chambers 15. WAS DECEASED EVER IN U.S. ARMED FUNGES:
(Yes, no, or unknown) (If yes give war or dates of service)
578-01-3476 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ed by the attend transit permit. , cremation, or r 17. INFORMANT Same Item 2. as Mabel Chambers 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), INTERVAL BETWEEN n signed by burial-transit burial, crema ONSET AND DEATH PART 1. DEATH WAS CAUSED BY the hospital or attending physician. IMMEDIATE CAUSE (a) DHE TO 00T Conditions, if any, which (b) this certificate has been detached for use as the by e Dept. of Health prior to bi gave rise to immediate DUE TO cause (a), stating underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X YES . 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, I (State) 20f. (City or town) (County) After the de de State i factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work should th the 21. I certify that (!) (this hospital) attended the deceased from 1954, to Feb 18, 1968, that (1) (we) last TO FUNERAL DIRECTOR: director, page 3 shoul saw the deceased alive on , and that death occurred at 1 C.M. from the causes and on the date stated above. 22a. SIGNATURÉ 22b. DATE SIGNED page (2-18-68 ATTENDING PHYS. PHYS. M.D. DIRECTOR 4 may PHYSICIAN'S ADDRESS 22c. 22d. director, p should be 1 NAME (Type) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDVAL (Specify) 2-22-68 Morningside Cemetery DuBois Penna. Burial REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland VR A15 (4) 1968 15M 4-64



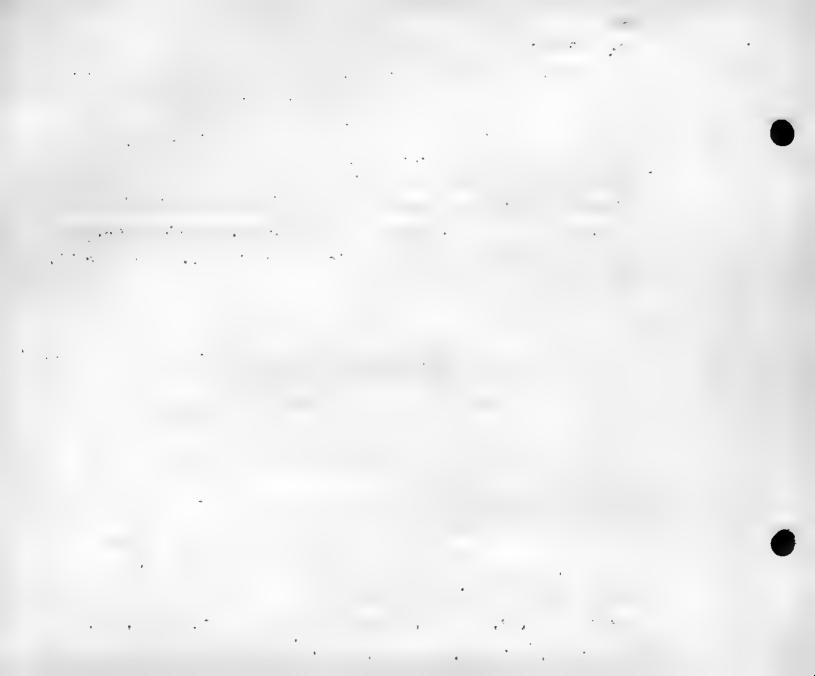


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12731 CERTIFICATE OF DEATH and 2. Last 2a. DATE OF DEATH 1. DECEASED-NAME First Middle 2b HOUR (Type ar print) WILLIAM H. CLAMPITT Feb. 6. AGE (In years 3 SEX 4. RACE S. DATE OF BIRTH IF LINDER I YEAR HOURS Nov. 7, 1906 male white 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 24 hou 8. MARRIED TI NEVER MARRIED .⊑ Listrict of Columbia TISA WIDOWED [DIVORCED [Montgomery 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work dane 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR requires that the death certificate be executed within give street address)
Suburban Hospital during most of working life, even if retired.) **Broker** INDUSTRY Bethesda Insurance 13a USUAL RES. DENCE (Where deceased fived, if institution, Residence before \$13c CITY OR TOWN 136 INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) D STATE 13b. COUNTY YES 📶 the attending physician are with 3250 Chestnut St. N.W. Washington 14 FATHER 5 NAME IS. MOTHER'S MAIDEN NAME First Middle Middle John Clampitt Lulu Weaver Wesley 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, po, ar unknown) If I ves give war or dates of service) 578-44-0197 Amy N. Clampitt item #13 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES F NO IT 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury-in Part 1 of Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING TO LAUSE OF GEATH HOUR A.M. (It either, natify medical examiner) (AT HOME FARM, STREET, FACEORY.) 21f. LOCATION Street of R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY County State -City or Town While Not white at wark 22a. I certify that (I) (thus hospital), attended the deceased from 1960, and that in (my) (our) opinion death occurred on the date and hour and from the -15-13, 1960, to 1 be retained causes stoted above, (1) (see) (did (did not) view the bady ofter death. 22b. SIGNATURE DIRECTOR PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a BURIAL, CREMATION 23b. DATE (County) REMOVAL (Specify) 2/19/68 Cedar Hill Cemetery Suitland. Maryland ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) Joseph Gawler's Sons, Inc. Wash., D. C. 30M REV 1/68

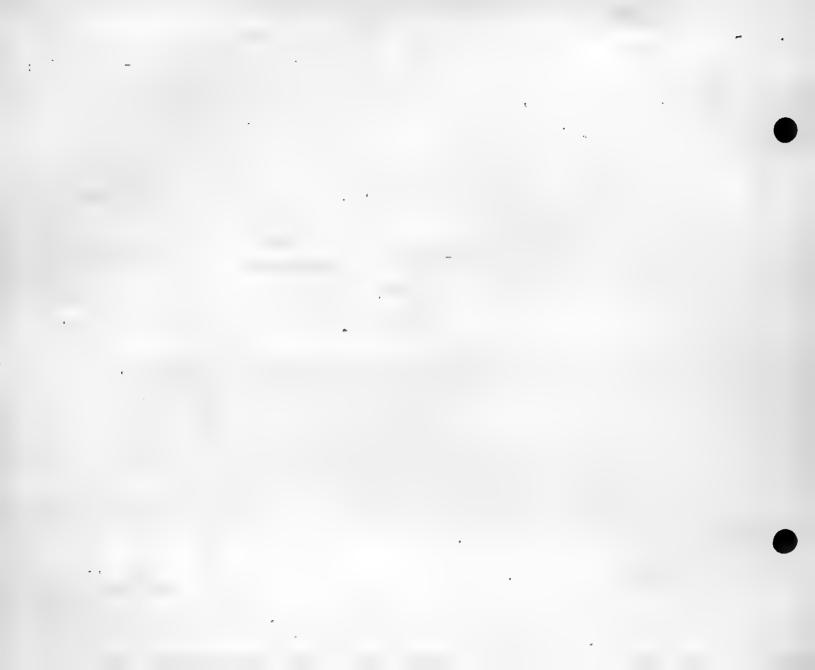


	MARTLAND STATE DEPARTMENT OF HEALTH	
^	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	h. ma
~	CERTIFICATE OF DEATH	751
1.	DECEASED-NAME First Middle Last 2a DATE OF DEATH	26 HOUR 25 7 A.M
	(Type or print) FRANK S. CLARKE 27 68	7 AM
3.	SEY A RACE S DATE OF BIRTH 6 AGE (In years IFLNDER) YEAR	IF UNOER 24 HRS.
	m June 27 1895 last birthday) YRS. MONTHS DAYS	HOURS M.N
70.	PROTUDIACE (State of Arriago To CITIZEN OF WHAT COUNTRY)	
co	WIDOWED DIVORCED MONTGOMERY	Md.
10.	G CITY OR TOWN OF DEATH IT I NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind at work dane 1120 Kind of	F BUSINESS OR
0	SILUER SPRING GIVE street address) CHEVY CHASE NUCS IN SURING most of warking life, even if retired) INDUSTRY	
13	3a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDERITY LIMITS? 13e STREET AND NUMBER	
ad	MARYLAND MONTGOMERY CHECK CHASE YES NO 7212 CHESTNUT ST	•
14	4 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
	Joseph Clarke Cecelia A. Fritzpatrick.	
16	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Alice Leola Clarke. Same as # 1	2
	Alice lieute of alice as will	3 •
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	ONSET AND DEATH
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: !MMEDIATE CAUSE (a) !MMEDIATE CAUSE (a)	hours
L	DUE TO, OR AS A CONSEQUENCE OF	
L	Canditions, if ony, which gave (b)	
L	stating the underlying cause Due 10, OR AS A CONSEQUENCE OF	Youths.
ı	133.	100/00
L	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
200	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN	CEDTIEVING
17.87	S CAUSES OF DEATH?	CEKTITINO
20210	YES NO YES NO TO PORT 2 IN TIME OF INJURY OF 18.)	<u>L :</u>
100	Gronterbuting Cause of Death Hour A.M. Manth Boy Year (If either, not fy medical examiner) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County	State
	White Not while The Not while	27010
	220. I certify that (I) (this hospital) ottended the deceased from The 1967, to Jetanay 27968, the saw the deceased olive an Jetanay 24 1968, and that in (my) (our) opinion death occurred on the date and hou couses stated above, (I) (we) (did) (did not) view the bady after death.	et (I) (wet los
L	saw the deceased olive an Activa and 24 19 kg, and that in (my) (our) opinion death occurred on the date and hou	r and from the
	couses stated above, (1) (we) (did) (did not) view the bady after death.	
ı	22b. SIGNATURE 22c. DATE SIGNED	7 7 160
	Tamer M. DEGREE PHYS. DIRECTOR - PHYS Sterman	2//960
l	22d. PHYSICIAN'S NAME (Type) Of AMES N. La FTUS 22e. ADDRESS 5415- Connectint Ave n. W.	Wosh De
_		WALLOW! THE
23	230 BURIAL CREMATION, C13b DATE 23 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Figh 20 68 Mt Olivet Competency Washington DC	(State)
-	BUTTAL TO THE STATE OF THE STAT	
	Simmons Bros. 1661-Gd. Hope Rd. SE DC. DAFEB 28 1968 Clarks Schalles See	tel.
	STRIBOUS BLOS. TODI-GO. HOPE DO	6

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1 1	-	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
STATE	4.)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2752
PT]		CEASED-NAME First Middle Lost 20. DATE KNOWNE Month OF ESTI- PROPERTY DEATH MATER 2-10	Day Yeor 2b HOUR
t ment	3 SE	emale Cauc. Mar. 28, 1879 88 YRS 1 AGE (in years 1 ADER 1 YEAR 15 UNDER 24 HRS. 2c DATE PRONOUNCED DEAD 10. Day Field. 10. Day	Year 1968 7:50
7	7o B count	RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED X DIVORCED Montgomery	M
		ry Or TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. JAL OCCUPATION (Kind of work done during most of working life, even if retired) 12 NAME OF HOSPITAL OR INSTITUTION (If not in hospital in ho	126. KIND OF BUSINESS OR INDUSTRY
offer death	13o od	JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INS DE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Washington YES NO 15d 1448 Burlingt	on Pl., N. W.
	4 FA	THER'S NAME First Middle Lost S. MOTHER'S MAIDEN NAME First Middle William A. Dyer Emily (Unknown)	Last
14		AS DECEASED EVER IN U.S. ARMED FORCES? Sono, Or unknown) (If yos grow wer or doles of service) 231-64-3644 Walter Claxifon Same as Item	m 13.
		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Insufficiency	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH Days
event within		Conditions, if ony, which gave (a) (b) Cardio vascular disease	Years
in ony		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF last	
, ond	- 1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
()	WEDICAL CERT.FICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO TA
2017	ICAL CERI	21a EXTERNAL CAUSE WAS 21b TIME OF IN. JRY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	
a diameter	WED	AT WORK AT WOR	County State
Heolfn prior to buriol, cremation,		22a. I certify that I taak charge of the remoins described above, held an Autopsy, InspectionX, Inquiry _X death resulted fram: Natural couses _X, Accident, Suicide, Homicide, Undetermined manner ACTUAL SIGNATURE	SIGNED 0, 1968
	24	UNERA, DIRECTOR DEET A. PUMPHREY, Bethesda, Maryland DATE B. L. STREET B. L. STRE	



MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss ap a. COUNTY **b.** COUNTY MONTGOMERY COUNTY MARYLAND DISTRICT OF COLUMBIA c. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate imits. c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) ASHINGTON SILVER SPRING d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENC .⊑ and in any event, within 72 ON A FARM? UNIVERSITY HOME NURSING YES NAME OF Middle remove carbon Last Day Year DECEASED OF DEATH FEBRUARY 14 19 (Type or print) SEX 6 COLOR OR RACE DATE OF BIRTH vears 7 MARRIED **NEVER MARRIED** iday) Davs Haurs 12 NEGRO WIDOWED DIVORCED IDa USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (Countate, or fareig during most of working ite, even if retited COUNTRY? INDUSTRY DANVILLE U.S.A. ARETTE FACTOR'T 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM buriol, cremation, or removal, Sarah Logan Issac Carter Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED PORCES!
(Yes, na, arunknawn) (If yes give war ar dates of service) 224-10-4711 Vera Clements, 4660 Nichols Ave. S.W. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and NTERVAL BETWEE buriol-tronsit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying cause last. 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 8 e State Dept, of Health NO YES T F 206, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part 1 of Item 18.) 2Da. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De PLACE OF INJURY (Hame, farm (City ar tawn) 2Dd INJURY OCCURRED (County) (State) 2Dc TIME OF INJURY Manth, Day, Year factory, street, affice blda, etc.) Nat While at work 2-13-65 , 19 , that (1) (we) last 1968 ta_ 21. I certify that (1) (this haspital) attended the deceased from Jane 5 16 19 lat, and that deoth accurred at WMM, from causes ond on the date stated above saw the deceased alive on DIRECTOR: 22a SIGNATURE 22h DATE SIGNED M D PHYS DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) /Hadley. 7601 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. (County) REMOVAL (Specify) Oak Hill Cemetery Danville, Virginia 0 2Sq REC'D BY REG STRAR 814 Franklin St. VR A15 (4) 25M 1/67 Green Funeral Home Alexandria. Va.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 75 to CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b HOUR death death (Type or print) Hill Leon requires that the death certificate be executed within 24 haurs after 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years Poges last birthday) MONTHS 1 White Male January 16. 1904 7o. BIRTHPLACE (State of foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED NEVER MARRIED the attending physician and completely filled in the strength of the please remove carban papers. In partial, arremoval, and in any event, within 72 hal Takoma Park. Montgomery DIVORCED harlotte 10 CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 KIND OF BUSINESS OR give street address)
Washington during most of working life, even if retired) INDUSTRY Jakoma Park 13a USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN Indivision) STATE 13e STREET AND NUMBER 13b. COUNTY YES 402 Greenlawn burial, crematian, ar remayal, and in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Lost Adam Collins Mary Beatu 402 Greenlawn Dr.
402 Greenlawn Dr.
402 Greenlawn Dr.
402 Approximate interval 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service) 577-03-8850 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) A Cute BETWEEN ONSET AND DEATH signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (o) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to t TO FILMERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark of work 220. I certify that (I) (this hospital) attended the deceased from from the sow the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses, stated above, (I) (we) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR 2-15-62 22d. PHYSICIAN'S 22e_ADDRESS NAME (Type) Grederich Mooman 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BJRIAL, CREMATION 23b. DATE (County) REMOVAL (Specify) Charlotte, North Carolina Gorest Lawn Cemetery 250. REC'D BY REGISTRAR VR A15 (4) 19 DATEFEB 8434 Ga. Ave. 30M REV 1/68 5-5- Md.



) 1	13-	15 18 22 f 1m 39 MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
T FOR STATE	4	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 757
HEALTH DEPT.		ECEASED-NAME First Middle Last 2a DAFE KNOWN Month D	Doy Yeor 2b HOUR
is to of	(20 1968 2181
P 3 3 5	3 5	A Los	2d HOUR
any detay is 2, and 3 ta Page	1	NEGRO 10-24-25 42 YRS 2 28	Year 1968 27PM
- 6		BIRTHPLACE (State or foreign 75. CIT ZEN OF WHAT COUNTRY? 8. MARRIED MEYER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED WIDOWED DIVORCED WIDOWED	
tages and the same of the same	10. (2b. KIND OF BUSINESS OR
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fter Giv ong ifh t		US.A. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
hours after Item 18. Gi Office along 1 and 2 with	-	dm ssion) STATE MD 136. COUNTY MONTECOMERY TAXONA PK YES 10 NO 17505 BLAIR	A RD
hou Item Office and	14 F	ATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 nicil in niner s pages l	160	CLARENCE COMPTON CARRIE WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS	BARNES
		(of the or the state of the sta	
d will pe Exor File n 72		18 CAUSE OF DEATH (Enter only one cause per whe far (a), (b), and (c))	APPROXIMATE INTERVAL
xecuted iding in Medical permit.		PARTI DEATH WAS CAUSED BY LASSIVE, Acute, Idiopathic	BETWEEN ONSET AND DEATH
exe endir Mer t per		431. 7 DUE TO, OR AS A CONSEQUENCE OF	
be hief hief ansi		Conditions, fony, which gave properties Hemorrha e	*
should be e ne word "per to the Chief I buriol-transit		stating the under ying couse DUE TO, OR AS A CONSEQUENCE OF	
sh to the burn d in			
ficote ing the ded I ded I as a		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
writi war war sed	ATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
VER: This certi certificate, writh hould be forwa lles. should be used tion, or removo	CERTIFICATION	WAS PERFORMED?	YES NO
fiffice Id be	AL CEI	216 EXTERNAL CAUSE WAS 216 T ME OF INJURY Manth Day, Year 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item PRIMARY OR CONTRIBUTING HOUR A.M.	1 18)
NER cer houl iles. sho	MEDICAL	CAUSE OF DEATH P M 19	Sauch Sauch
	1	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, while not white at work 1 At wor	County State
:AL EXA execute rr. Poge J for you TOR: Pog urial, cre		22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection, Inquiry	and in my opinion
HCA e ex rtor. ned i		death resulted from Notural causes 🔼 , Accident , Suicide , Homicide , Undetermined manner	
TY please e y, please e stained director e retained AL DIRECTOR prior to bu		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF	
TY. Peral be re SAL Pario		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (GNED
no DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, cren		EXAMINER'S RAME (Type) TELDEN R. REAPM, D. ADDRESS (Type) Sign (County)	20,1468
To the He	23a	BURIAL, CREMATION. 235 DATE 236 NAME OF CHAPTERY OR CREMATORY 236 LOCATION (CITY of Town) ((Caunty) (State)
C	-	Burial 2/24/68 Lincoln Memorial Park Switland Rd	Maryland
VR A15ME (5)	24	FUNERAL DIRECTORCHINN FUNE ral ServiceDRESS 250 RECD BY REGISTRAR 250 REG STRARS SIL	SNATURE CONTRACTOR
10M REV 1/68	76	205 SShirlington Rd an . Va. no 58 Johnsungh DATE CER 23 1968 Journal	10

it is a second of the second o and the state of t ATH YES

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATES IT	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2754
HEALTH-DEPT.	1. DECEASED NAME First Modifie Lost 20 DATE KNOWN Month Day	Yeor 25 HOUR
× 9 6 10	(Type or Print) LILLY A. CONN DEATH MATED 2 6	18 14%
deloy med po	3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE IN YEAR 1 F UNDER 24 HRS. 26 DATE PRONOLINGED DEAD	2d HOUR
	F W 5-22-81 86 YRS MONTHS DAYS MOURS MIN Month 2 Day Yeo	10/2 1496
2, 2, Pp	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	174017 71 11
, E De	COUNTRY) N.Y. USA WIDOWED DIVORCED MONTGOMERY	ы
Pages with far		O OF BUSINESS OR
deg re Po rwit the S	TAKOMA PARK give street oddress) during most of working ife, even if retired.) INDUSTR HOUSEWIFE	y amalean
fer de Give ong worth the th.	130 USUAL RESIDENCE (Where deceased lived at institution Residence before) 30 CTY OR TOWN 1334 WISDE CTY LIMITS? (13e STREET AND MILMRED	memaker
s aff	Odmission) STATE MD 136 COUNTY SILVER SPRING YES - NO - 8505 SPRINGALE	.DR
hours Item 1 Office I ond 2	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MA DEN NAME First Middle	Lost
Z E S S	Peter ALBRECTSON Jenny DUNCAN	
I within 24 in pencil in Exominer's File pages in 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, now war or drives of service) None 160 SOCIAL SECURITY NO 17 INFORMANT CHURCH OF CHRIST HOME Security NO 17 INFORMANT CHURCH OF CHRIST HOME	ME
d with per Exor	ID CAUSE OF REATH (CAUSE) AND	PPROXIMATE INTERVAL
be executed "pending" in lief Medical E. Insit permit F. event within	PART I DEATH WAS CAUSED BY	WEEN ONSET AND DEATH
Med Med per per	DUE TO, OR AS & CONSEQUENCE OF THE TOTAL THE T	7
be ex 'pend nef M ansit p	(Conditions, if ony, which gove) " All has Cons since (Arkler transceredate)	
ould the character of t	rise to immediate couse (a) storing the underlying couse DUE TO, OR AS, POINSEQUENCE OF	
4 3 T 5 E	lost (c) Discase,	
42 ÷ ÷	PART 2 OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	× 4 .	
nis certificate te, writing the forwarded to be used as or removal, and		AUTOPSY?
nis of e oe rer	WAS PERFORMED?	YES NO
	210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of njury in Port 1 or Port 2, Hern IB) HOUR A.M.	
nertific certific hould b iles should trion, at	S CAUSE OF DEATH P.M. 19	
EXAMINER: ute the certi age 4 shoule yaur files Page 3 shou	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Stote S
XAI the life light yau yau tre	WHILE NOT WHILE AT WORK AT WORK	
Par Par ol, ol,	22a. I certify that I taak charge of the remains described above, held/on. Autopsy I Inspection X, Inquiry X, ar	nd in my apınıar
Ed to ed to bour	death resulted from Natural causes X, Aceydent Z, Suicide Z, Hamicide Z, Undetermined manner	. ,
d rect d rect of pictors	CHIEF MEDICAL EXAMINER	
	SIGNATURE 226 DATE SIGNED	
ory ory Dec be	EXAMINER'S DEPLTY MEDICAL EXAMINER & FOR	1910
O DEPUTY necessory, p the funerol of	NAME (Type) BEIDEN TEAD, M.D. ADDRESSANTED SITY DOWN OF COUNTY)	1168
5 5 4 2 5 E	230 BURIAL CREMATION, 236 DATE 23c NAME OF TEMETRY OR CREMATORY 23d. LOCAT ON (City or Town) (County)	(State)
- 6	Rurial 2/9/68 Fort Tincoln Colmar Manor. Man	ryland
1,13	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REG STRAR S SIGNATUR	1. 200
VR A15ME [5] 10M REV 1/68	Lee Funeral Home. 300 4th St NE Wash THE FEB 9 1968 Fundes	Lucian

MAKTLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH
10	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
The state of the s	CERTIFICATE OF DEATH 2755
= -(4F)	I DECEASED-NAME First Middle Last 20 DATE OF DEATH 2b HOUR
after deoth funeral arter deoth	(Type or print) MILO I COPLEN FEBRUARY 24 1968 11:4574
fun fin	3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In/years F JNOER 1 YEAR F JNOER 24 HRS.
₹ 2 8 €	Male Cancasian July 13, 1886 lass hirthday) YRS. MONTHS DAYS HOURS MIN.
and Ac 8	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
24 hours	country) Indiana U.S.A. WIDOWED DIVORCED Montagnery Md.
illec pap	IT CITY OR TOWN OF SEATU 11 SAME OF MODIFIED OR MICHIEF OR
fow requires that the death certificate be executed within nding physician. been signed by the ottending physician ond completely fills the buriol-transit permit. Then please remave carban point to buriol, cremation, or removol, and in any event, within	Kensington The state of the s
od v	13o USUAL RESIDENCE (Where deceased lived if institution. Residence before. 13c CITY OR TOWN. 13d INSIDE CITY L MITS? 13e STREET AND NUMBER
ond completely one carbon in ony event, with	admission) STATE Maryland 13b COUNTY Montgomery Chevy Chase YES \$ NO \(P.O. Box 4052
exe emo ony	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
be n or din	Perry Coplen Lucetta blue
that the death certificate buan. by the ottending physician (tronsit permit. Then please cremation, or removol, ond it	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) (If yes give war or doiles of service)
obyse vol.	No 1216-38-5803 Mrs. Settle Coplen P.O. 50x 4032 Chevy hase
ng r	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN CHAST AND DEATH
eath endii nit. or re	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISENSE -
otte on,	4/29 DUE TO, OR AS A CONSEQUENCE OF
the sit	Conditions, if ony, which gave (b)
than the day by creptor	stating the underlying cause. DUE TO, OR AS A CONSEQUENCE OF
equires the physician. Signed by buriol-tro buriol-tro buriol-tro	1051. (1) GENERALIZED ARTERIOSCLEROSIS -
equires that the physician. signed by the c burial-transit p burial, crematio	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
w r Jing een the r to	8 4200 SENILITY
	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? YES NO [2] 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 1216. TIME OF INILIRY 1216. HOW INJURY OF CHIEFED, (Forest parties of injury in Part 2, them 18.)
는 이 로 있도	YES NO (2)
ICIAN: The pitol ar of trifficate had for use of Health	
SICI Spite spite ed ed	(If either, notify medical examiner) P.M 19
JING PHYS by the hos tfer this ce be detache Stote Dept.	While Not while Telescot of Hook OFFICE BUILDING, ETC.
te De T	■ Interpretation of the state
DIN by be Sto	22a. 1 certify that (I) (this hospital) attended the deceased from Juve 36, 1967, to FEB 24, 1968, that (I) (we) last saw the deceased alive on FEB 24, 1968, and that in (my) (our) opinion death occurred an the date and hour and from the
SR: Deld	couses stated abave, (1) (we) (did) (did not) view the body ofter death.
OR ATTENDING be retoined by the DIRECTOR: After fine 3 should be ded with the Stote	22b. SIGNATURE 92 ATTENDING MED. STAFF 22c DATE SIGNED
OR DIRE	HILLIAM HI FOCALLY MY) DEGREE PHYS DIRECTOR PHYS W
Par	22d. PHYSICIANS 22e ADDRESS 520 6 November Dr.
TO HOSPITAL OR ATTENDING PHYSICIAN: I Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health	NAME (Type) Henry M. Lowden Chang Chare, land.
HO Fired hou	23a BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stole)
07 0 D	Burial (Specify) 2/27/68 Mt. Hope Cemetery Logansport Indiana
VR A15 (4)	24 FUNERAL DIRECTOR C. Glen Carter Gardens Carter G
30M REV 1/68	Warners Pumphrey Inc. 8434 Ga. Ave. S.S. Md. DATE FEB & 1300 F.



		MARTIAND STATE DEPARTMENT OF HEALTH
	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
71	=: 1. 1	1 DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOU
	death death	(Type or print) JOSEPH PAUL COSTANTINO February 19/1968 8:24 P
	te de de	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years if JNDER 1 YEAR if UNDER 24 H last birthday) Months DAYS 1904RS 19
	hours off	Male White 5/1/05 62 YRS. ""0018 7"
	\$ 450 B	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 7 NEVER MARR ED 9. COUNTY OF DEATH
	illed in by It papers Rag	Boston, Mass. USA WIDOWED DIVORCED Montgomery
	filled pape thin 72	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
	Military Military	
	icate be executed with sician and campletely to please remave carbon I, and in any eyent, with	30 USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE 13b, COUNTY 13d INSIDE (IFV LIMITS? 13d INSIDE (IFV LIMITS
	W. we we	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	be e re re lin o	Fortunato Costantino Grace Ciafala
	and and	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) ("yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Wife, Address Cappella Costantino 451 N. Jersey Ave. S.E. DO
	rtific shys	Yes, no, or unknown) (1 yes give war or dates of service) Carmela Costantino 451 N.Jersey Ave.S.E. DO
	5 E E E	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIAC ARRIVET 10 MIN.
	affe perm an,	4101 DUE TO, OR AS A CRYSEQUENCE OF
	atte O	Conditions, if ony, which gove rise to immediate couse (a), (b) www.Any Edwa / The
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hoars after Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the bidirectar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pagers Pages I shauld be filed with the State Dept. af Health prior ta burial, remartian, or remaval, and in any eyent, within 72 hours after the state Dept.	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF LOSS OF THE STOTE OF THE STOTE OF THE STOTE OF LOSS OF THE STOTE OF THE
	hys ignerial straights and in the straights and in the straights and in the straights are straights and in the straights and in the straights are straights are straights and in the straights are straights and in the straights are straights are straights and in the straights are straights	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	ng pen sen sen state	CORONARIA COVOLINIA
	The law re rattending e has been use as the slith prior ta	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
	F S S S S S S S S S S S S S S S S S S S	YES NO X CAUSES OF DEATH?
	AN: The of or off or off or use for use Health	
	FCIA Pital Participal	GILL CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year [If either, notify medical examiner] P.M. 19 [If either, notify medical examiner] P.M. 19 [If either, notify medical examiner] P.M. State Office of INJURY (AT HOME FARM, STREET, FACTORY), 214 LOCATION Street or R.F.D. No. City of Town County State
	OR ATTENDING PHYSICIAN: be retained by the haspital ar SIRECTOR: After this certificate e 3 shauld be defached for u ed with the State Dept. af Heal	
	the det if	While Not while of work of work
	by the Affer at State	22a. I certify that (i) (this hospital) attended the deceased fram october 15, 19 67, to Feb. 24, 19 68, that (i) (we) saw the deceased alive on January 28, 19 68, and that in (our) apinion death occurred an the date and hour and fram
	R: A	couses stated above, (1) (we) (a) (did not) view the body ofter death.
	A is Selicit	OD. DATE CICHED
	OR DE L	DEGREE PHYS DIRECTOR PHYS.
	O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be defached for use as the shauld be filed with the State Dept. af Health prior ta	22d PHYSICIANS MAX G. SHERER MI) 22e. ADDRESS BOO PERSITING DV. SILVER SPRING N
	JNE TO THE	230 BURIAL CREMATION; 23b DATE , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Copyly) (State)
	Page 4 may To FUNERAL ladirectar, page shauld be file	REMOVAL (Specify) 3/4/68 Mt. Clivit Words, Sc
	VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS 31 - 1 Sq. AZSO. REC'D BY REGISTRAR 256. REGISTRAR S SIGNATURE
	30M REV 1/68	James / you are what wood, DATE: MAR & 1948 Parantes July



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle 2a. DATE OF DEATH 2b HOUR Last requires that the death certificate be executed within 24 hours after death (Type or print) IF UNCER 24 HRS S. DATE OF BIRTH 6. AGE (In years 1F UNDER 1 YEAR last birthday) MONTHS YRS. 7a BIRTHPLACE (State ar fareign 75. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED cauntry). DIVORCED WIDOWED Y lled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION Of not in haspital 12a. USUAL OCCUPATION (Jond of work done 126. KIND OF BUSINESS OR give street address) INDUSTRY Inriol, cremotion, or removol, and in ony event, 13a. USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 14. FATHER S NAME MiddleC IS, MOTHER'S MAIDEN NAME First physician i 17 INFORMANT 16g. WAS DECEASED EVER IN & S. ARMED FORCES? Address Yes no, at unknown) (1 yes give war or dates of service) 216-05-5142 attending phys 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Muscardial Canditians, if any, which gave) signed by the buriol-tronsit p war ware. rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the smould be filed with the State Dept. of Health prior to t-08 FICATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION CAUSES OF DEATH? YES 🔀 NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED
While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County 220. I certify that (I) (this haspital) attended the deceased from FEB 3, 1968, to FEB 4, 1968, that (I) (we) lost sow the deceased alive on FEB 4 1968, and that in (m) (our) opinion death occurred on the date and hour and from the 4 moy be retoined causes stated above (1) (we) (did) (did not) view the body after death. 226 SIGNATURE 22c. DATE SIGNED MED DIRECTOR ATTENDING PHYS 22e. ADDRESS PHYSIC AN S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) (County) 23a BURIAL, CREMATION, REMOVAL (Specify) 2-7-68 Forestville. Maryland Epiphany Cemetery 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC D BY REGISTRAR, VR A15 (4) PUMPHREY, Bethesda, Maryland DATE FEB 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2764
HEALTH DEPT.	1 DECEASED NAME Erst Middle Lost 20 DATE KNOWN Month Doy	Year 2b HOUR
5	(Type or Print) John Lewis Coyfe, DEATH MATED \$706 29	1968 PAM
Pa Pa ent	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years F UNDER 1 YEAR IF UNDER 24 FRS 2c DATE PRONOUNCED DEAD	2d. HOUR
3 5 2 3	May 9, 1944 23 VRS HOURS MIN Month Doy Year	1968 11:5M
P P P P P P P P P P P P P P P P P P P	To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X 9 COUNTY OF DEATH	
TE 2	COUNTY) Washington 715. A. WIDOWED DIVORCED MONTGOMETY	Md
State	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not 19 basetal / 120. USUAL OCCUPATION (Kind of work done 12b. KINT	D OF BUSINESS OR
A P P P	Mill Creek give street address) Beautoir Time during most lit working life even if retired) INDUSTRY	
Giv Giv Th t	130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER	
s affers along along along death.	odmission) STATE Mei. 136 COUNTY Montgomery Silver Spring VES NO 10106 Beorgina	ire.
24 haurs after in Item 18. Give r's Office along.	14 FATHER S' NAME? First Middle Lost IS MOTHER S MAIDEN NAME First Middle	Last
	John a Coffe Com Lavelle	*
	160. WAS DECEASED EVER IN U.S. ARMED FORCES! 166 SOCIAL SECURITY NO. 17 INFORMANT	1k.circo
within pencil kamine ile pag	(Yes, no, arunknown) (If yes gruy war or dates of service) 213 - 44-38 644 of the a. Coyle, Derwood	,~
d w	18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c).)	PROXIMATE INTERVAL VEEN ONSET AND DEATH
be executed v "pending" in suef Medical Ex nist permit Fil event within ?	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) COrbon Monexide Polsioning.	/)
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be exeminet Mend ansit pe	Conditions, Tony, which gove) RAD SUST TUTNES OF Car-	
ward ward the Ch rial-tra	rise to immediate couse (a), { Stating the underlying couse } DUE TO, OR AS A CONSEQUENCE OF	
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certificate ship the farwarded to Jused as a bustraval, and in	PART 2. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(d)	
fica ing rdec as as		
is certific te, writin farward farward e used a remaval,	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20	AUTOPSY?
		YES NO
Thi ificat d be ald be ar r	210 EXTERNAL CAUSE WAS 210 T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, tem 18) PRIMARY OR CONTRIBUTING HOUR A.M.	1-1.13.
NER: T certification bould by iles. should british ar	IS CAUSE OF DEATH - P & Yeb. 271968 Whates That I fumes from En ly Kne at the last	L 622-1396
MIN the the sharp		
XA Interior	WHILE DAT WORK AT WORK	jimeig Ma
Far	22a. I certify that I took charge of the remains described above, held on Autopsy, Inspection 🔀 , Inquiry 💋 , on	d in my opinion
Part of the part o	death resulted from: Notural causes 🔲, Accident 🔲, Suicide 💟, Hamicide 🔲, Undetermined manner 🗍	
leas direction tain DIRE	CHIEF MEDICAL EXAMINER	
my, ple my, ple my, ple be ret be ret prior	SIGNATURE SIGNATURE 226 DATE SIGNED	and the
EPUTY issory, funeral ay be ay be inversal	EXAMINER'S DEPUTY MEDICAL EXAMINER A 701 29.1	768
	NAME (Type) ADDRESS(Street, city, town, or county)	· · · · · · · · · · · · · · · · · · ·
5 = + ~ 5 =	230 B_RIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Towart) (County)	Y - 1
0	Anisa 1/2/00 tofotims. Garasa filmi. Vin	No Ra-
VR A15ME ,5)	24 FUNERAL DIRECTOR 250 REC D BY/REGISTRAR 250 REG STRARS SIGNATUR 250 REC D BY/REGISTRAR 250 REC	Qualak
10M REV 1/68	Fruesh & Fartren Jouthers Gurge MAR 4 1968 Scharles	8

MAKITAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR death (Type or print) ELVINE 6. AGE (In years haurs after 3 SEX 4. RACE S. DATE OF BIRTH F JNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS HOURS CAUC YRS To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED country) TENN MONTGOMERU US WIDOWED [7] DIVORCED [RO 12a. USUAL OCCUPATION (Kind of work dane during most of warking life, even if retired) within ID CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 12b KIND OF BUSINESS OR RANDOLPH INQUSTRY TIMESTRY remave carbon SILVER SPRING HILLS NURSING HOME 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 133c CITY OR TOWN 13e STREET AND NUMBER requires that the death certificate be executed SILVER SPRING X00 6 TA KOHA MENTGOMERU and in any 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last John Osbourne Lula S. Whitakes 16b SOCIAL SECURITY NO 4 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (II yes give war or dates of service) Jakoma Park. burial, crematian, ar remaval, 50-6188 Blanche H. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gove) nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost, LL () = PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 as the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES detached far use te Degt af Health FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) page 3 shauld be detache be filed with the State Degt 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 23f LOCATION Street or R.F.D. No. 21d INTERY OFFERRED State City or Town County While Not while at wark 22a. I certify that (1) (this hospital) attended the deceased from Sortin, 1966, to 2-25, 1965, that (1) saw the deceased glive on 2 - 1968, and that in (my) (evr) appnion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNAHIRE 22c DATE SIGNED ATTENDING STAFF DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Russell M. 4701 Massachusetts Rue director, participation of shauld be 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23b. DATE (County) (Stote) 23g. BURIAL CREMATION 0 Penna. Redford VR A15 (4) Pumphrey. Inc. 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2g. DATE OF DEATH 2b HOUR (Type or print) First death. 24 haurs after death ğnd CUNNINGHAM 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (in years IF UNDER I YEAR IF UNDER 24 HRS last birthday) DAYS HOURS 8-09 WHITE YRS director, page 3 should be detached for use os the burial-tannit permit. Then please remove carban papers. Pag should be filed with the Stote Dept. of Health priar to burial, crematian, or removol, and in any event, within 72 hours. 70 BIRTHPLACE (Stote or foreign 7b. CIT-ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED Affed in country) DIVORCED [MONTGOMERY WASH, D.C. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired)
Retired Stenographer give street address) Silver Spring physician and conholetely Wif 13e STREET AND NUMBER 13a USUAL RESIDENCE Where deceased lived, if institution- Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? requires that the Jeath certificate be exacuted YES TO 11200 LOCKWOO 14. FATHER'S NAME Middle 15. MOTHER S MAIDEN NAME First Unknown 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 800 Brantford Authorie Yes, ng, or unknown) (If yes give war or dates of service Ann Lee Silver Spring. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))
 PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH signed by the ottendir burial-tensit permit. IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Pag■ 4 may be retained by the hospital or ottending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 9n. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? NO 🔲 YES T 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at work 22a. I certify that (I) (this-hespital) attended the deceased fram 1967, 1967, ta 2-25, 1966, that (I) (we) last saw the deceased alive an 2-25 1967, and that in (my) (our) opinion death accurred an the date and haur and fram the 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** MED DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAMÉ (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) of Heaven Cemeteru 250 RECD BY REGISTRAR VR A15 (4) C 30M REV 1/68 Puntohrey. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



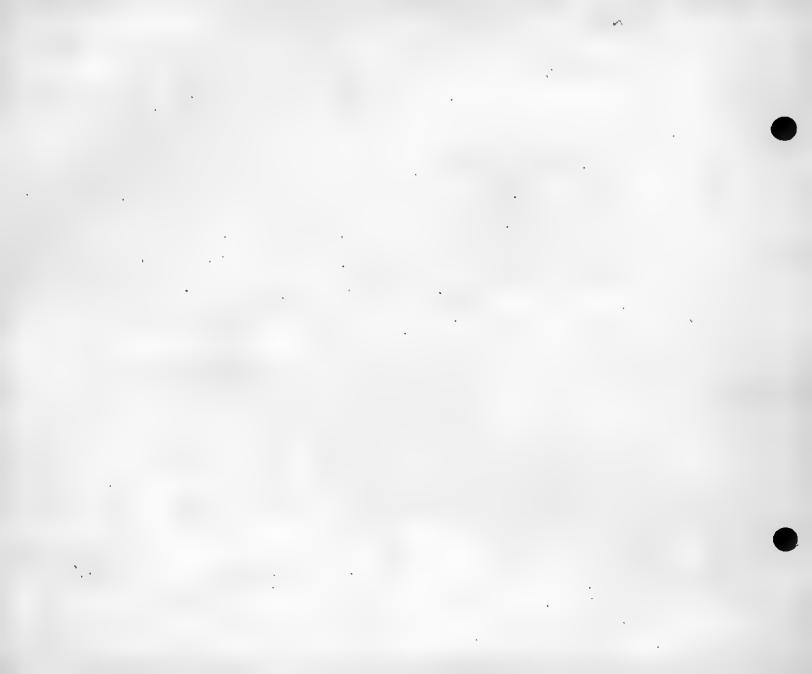
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02765
HEALTH DEPT.	1 [DECEASED NAME First M.ddle Lost 20 DATE KNOWN Month	Doy Yeor 2b HOUR
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ive Pogas with State	10.	CITY OR TOWN OF DEATH 772- 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospito, during most of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
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sho sho	MED.	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
L EXAM ecute the Page 4 or your R:Poge		while NOT While of foctory, office building, etc.)	
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ro DEPUT necessory the funer 5 may be 70 FUNER/	23,	Betnesda, Maryland Maryland	Mountal Market
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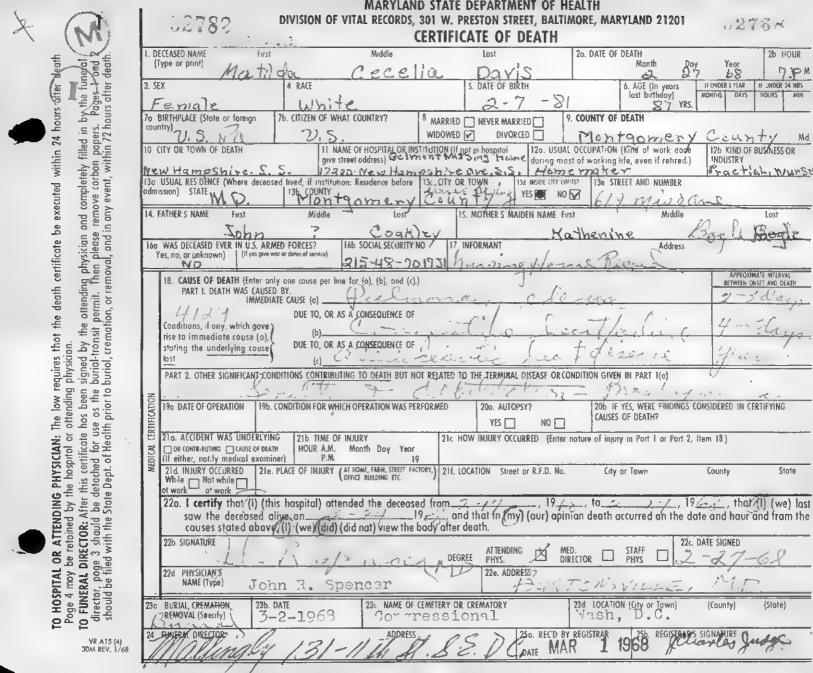


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02765 CERTIFICATE OF DEATH DECEASED NAME M:ddle Lost 20 DATE OF DEATH 26 HOUR death. L and after deat (Type or print) funeral 4. RACE 3 SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 MRS after 6 AGE (in years losy birginay) MONTHS DAYS 401.85 YRS อบเลษาชลกรท์ permit. Then please remave carban papers. Pod burial, crematian, or remaval, and in any event, within 72 หิวชังร 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) WIDOWED I DIVORCED [12g. USUAL OCCUPATION #K rd of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) INDUSTRY physician and campletely 13a. USUAL RESIDENCE (Where deceased lived if institution; Residence before 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE INDIA W CHESTER 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle LOST AMPREL ANGELA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO NEORMANT Address CAME AS #1 Yes, no or unknown) (If yes give war or dates of service) 212-28-4695 JOSEPH APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY + wa IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) rise to immediate cause (o). signed by DUE TO, OR AS A CONSEQUENCE O stating the underlying cause iast PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e, PLACE OF INJURY State City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from //with 1967, ta 19 6 and that in (my) (sur) apinian death accurred on the date and haur and fram the saw the deceased alive ancauses stated abave, (1) (we) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR DEGRÉE PHYS. 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) ROI GEORGIA 23c NAME OF CEMETERY OR CREMATORY BURJAL, CREMATION 23b DATE 23d. LOCATION (City or Town) (State) (County) DATE EB 2 7 VR A15 (4) 30M REV 1/68



%	MARTLAND STATE DEPARTMENT OF HEALTH 12727 27 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	
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24 12 12 12 12 12 12 12	HENRY PHILLIP DAVIS ANNIE BOND
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no. of Linkingwin) (If yes give war or dates of service) (1.5 % 7.7)
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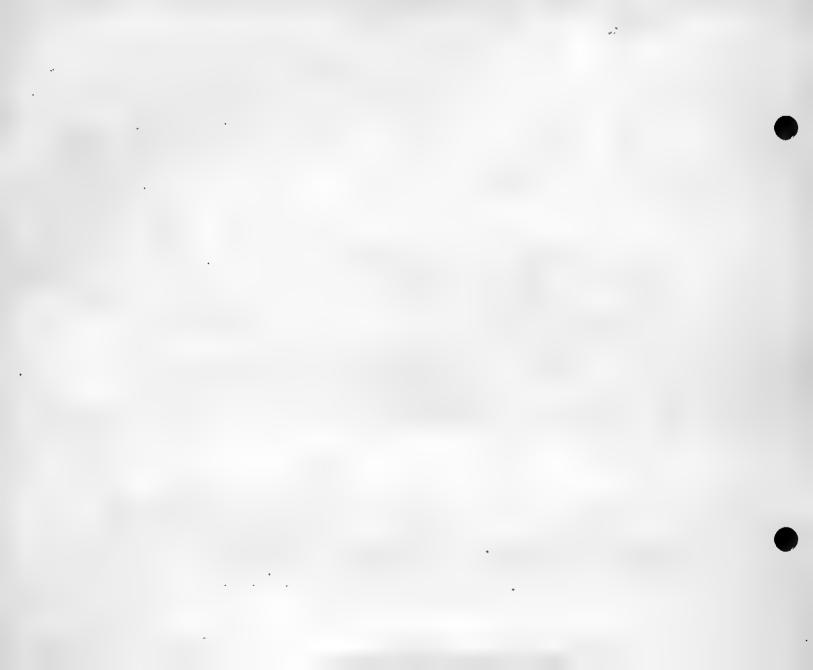






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1000	I	ens 13, 2 film y Martland State Department of Health Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201	
FOR STATE	20	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7 ***
HEALTH-DEPT.	1 0		y la oue
N Q OF A	(Type or Print)	13 19 69 (25M
	3 5	EX 4 PACE S DATE OF BIRTH 6 AGE (In yours I IF UNDER 1 YEAR F UNDER 24 HRS 2c DATE PRONOUNCED DEAD	
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-3 ₹ 3	1	give state address) during most of working life even if retired \ IN	DUSTRY Reliand
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH DECEASED NAME First deoth. requires that the death certificate be executed within 24 haurs after death Month, (Type or print) 1968 WALTER W. DAWSON Feb. Page 4 may be retained by the hospital or attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the three director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR 3. SEX 67 birthday) MONTHS DAYS HOURS White Male Feb. 5.1901 YRS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 8 MARRIED [NEVER MARRIED [X] Montgomery US Dakota WIDOWED F DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** Home Rockville Lawver Legal 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN F3d. INSIDE CITY OMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 💭 NO 🗍 817 Rockville Pike Rockville Maryland M ddle 14 FATHER'S NAME First Last IS MOTHER'S MAIDEN NAME First Henry A. Dawson Fannie K. Williams 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 218-38-6946 Rose K. Dawson - sister - item # ves WW าา APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN CINSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions if any, which gave rise to immed ate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO TO 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 1216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark L at wark 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased glive an 19 6 and the 19 La Q., ta _19 (f, and that in (my) (aur) apinian death accurred an the date and havr and fram the saw the deceased alive ancauses stated abave, (1) (we) (aid) (did not) view the bady after death 22b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS 22d. PHYSICIÁN'S 22e, ADDRESS NAME (Type) Stephen N. Jones 23d. EOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b DATE (Caunty) (State) 23a. BURIAL CREMATION Rockville. BEMOYAL (Specify) Montg. Rockville 0 Wheeler Funeral Home VR A15 (4) 30M REV. 1/68 Rockville, Mary AWd



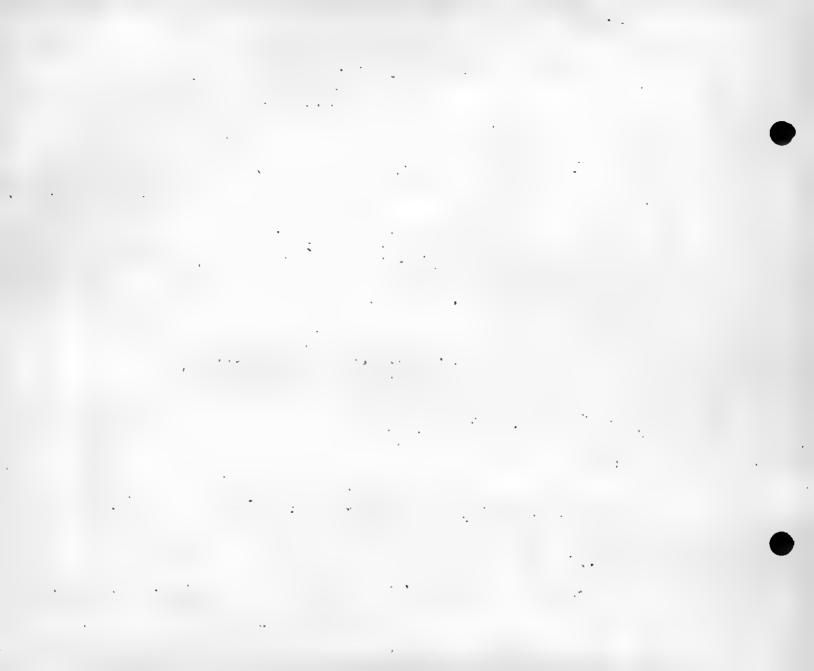


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 6 Film G398 2/28/68 kk CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death. (Type or print) Month 12 Day Salome DE LAROT Feb. 1155R Ernst burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, or remaval, and in any event, within 72 hours after 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 6. AGE (In years IF UNDER 1 YEAR Caucasian July 7, 1901 Female requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED New Orleans USA Montgomery WIDOWED X DIVORCED [7] attending physician and completely filled opermit. Then please remave carban pape 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Naval Hospital INDUSTRYN/A Bethesda 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before \$\int 3c. City OR TOWN 13e STREET AND NUMBER Apt. 10 13d INSPOE CITY JIMITS? 13b. COUNTY Pr. Maryland YES NO Suitland 3512 Silver Park Drive 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle First Lost Lost Oliver F. Ernst Katie Marie McCormick 17. INFORMADrive Apt. 10. Suitlands Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (If yes give war or dates of service) 435 58 1190 Miss Anna Marie De Larot, 3512 Silver Park 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY: Adenocarcinoma colon with metastases DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-trar shauld be filed with the State Dept. of Health prior ta burial, crea stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X Yes NO | 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 23b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Year P.M. 21d IN.JRY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. | certify that () (this hospital) attended the deceased from Dec. 27 , 1967, to Feb. 12 , 1968, that () (we) last saw the deceased olive on Feb. 12 1968, and that in () (our) apinion death occurred on the date and hour and from the couses stated above () (we) (did) (2021) (view the body ofter death. 22b SIGNATURE 22c. DATE SIGNED Capy me ATTENDING MED. DIRECTOR Feb. 14, 1968 22d. PHYSICIAN'S 22e. ADDRESS NAME(Type)Theodore H. Wilson, Jr. M.D. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL, CREMATION, (Stote) 23b 2 ATE 17-68 (County) BUT B L Metarie Cemetery New Orleans, Louisiana 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE DATE EB 19 1968 24. FUNERAL DIRECTROBERT A. Pumphrey Funeral Home VR A15 (4) 30M REV, 1/68 7557 Wisconsin Ave., Bethesda, Md.



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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MAKYLAND STATE DEPARTMENT OF HEALTH



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11-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
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55 5 £ 2	Burial 3-2-1968 St. Johns' Cemetery Forest Glen. Md.		
VR A15 (4)	FUNERAL DIRECTOR JOSEPH GAWLET'S SONADRESSING 250. REC'D BY REGISTRAR'S SIGNATURE		
30M REV 1/68	5130 Wisc. Ave. N.W. Wash. D.C. DATE MAR 4 1968 Junior		



,]	Ιt	em 18,22 film 398 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1776
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	((ype or Print) ANGELO NICHOLAS DEMER DEATH MATED = 27	16 - 1868 11 45 M
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file	Н	18. CAUSE OF DEATH (Enter only one couse per I no for (o), (b), and (c))	APP OXIMATE INTERVAL
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cert wri irwo irwo nov	3	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
INER: This certificate should be executed within 24 haurs after death be certificate, writing the word "pending" in pencil in Item 18. Give Page should be farworded to the Chief Medical Examiner's Office along with files. 3 shauld be used as a burial-transit permit file pages land 2 with the standard, or removal, and in any event within 72 hours after death	CERTIFICAT		YES NO
Id by black to the	AL CE	216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item HOUR A.M.	n 18.)
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TY. SICAL EXAMINER: This certificate should be executed with places execute the certificate, writing the word "pending" in period director. Page 4 should be farworded to the Chief Medical Example retained for your files. *AL DIRECTOR: Page 3 shauld be used as a burial-transit permit file prior to burial, cremation, or removal, and in any event within 72.			
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	2	Burial Feb. 19. 1968 Fort Lincoln Cemetery Prince George Con	rty. Md.
E. Comment	70	PONERANDIRATION JISTHOMAS 8434 GEORGESS Avenue 250 REC'D BY REGISTRAR 25b. REGISTRARS SI	GNATURE
VR A15MF (5) 10M REV 1/68	Yu	James E. Pumphrey, Inc. Silver Spring, Md. DATE FEB 2 1 1968 Oction	May Mayor

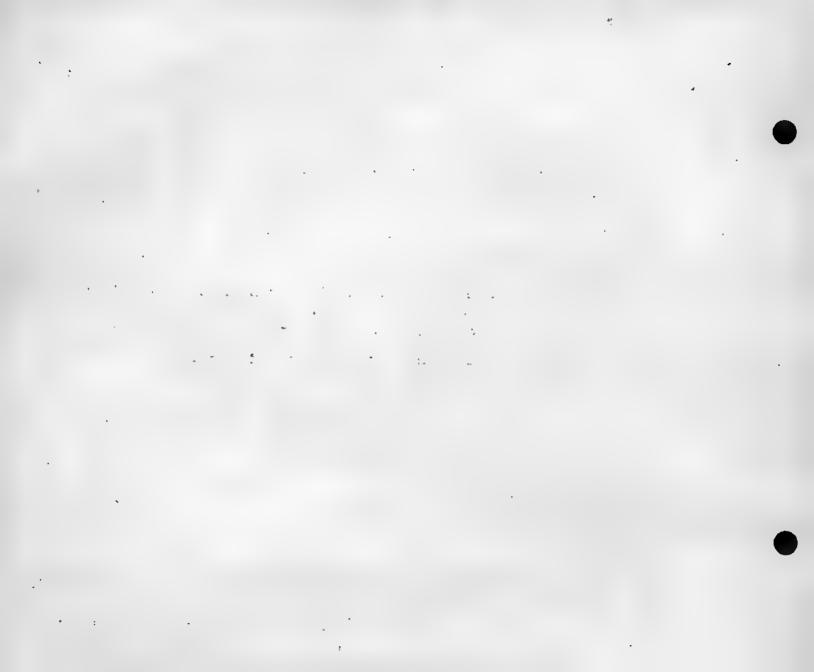


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .2752 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED NAME First M-ddle Last (Type or print) Elizabeth GRECE Derr 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years last burthday) Nov. 26. 1891 Temale haurs 7a. BIRTHPLACE (State or foreign country) 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED 🗍 Montgomery U.S.A. WIDOWED | DIVORCED [fadipd 1D. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR requires that the death certificate be executed with<u>in</u> during, mast of working life, even if retired) give street address)
4402 Saul Road Kensington Housewite directar, page 3 should be detached far use as the buital-transit permit. Then please remave carl shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 3e STREET AND NUMBER 13c, CITY OR TOWN 4402 Soul Road 14. FATHER'S NAME Middle Last 15. MOTHER S MAIDEN NAME First Last Charles Murphy Gitch 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Mr. George Derr Kensington, Maryland 17 INFORMANT Reap Yes, no. or unknown) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH signed by the attendir burial-transit permit. Cerebral Hemmorhage IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) Arteriosclerosis rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗍 NO 🚾 O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 1963 saw the deceased alive an 275/67 19 , and that in (my _____, to present __, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** Jeb. 17. 1968 DEGREE DIRECTOR PHYS a 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) John B. Umhau 8805 Conn. Avenue. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b DATE (County) (State) Rockville, Maryland 250. RECD BY REGISTRAR DATE F B 2 1 19 VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH ,2798 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR death, O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death he funeral (Type or print) Barbara 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years WHITE lost birthday) 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign MARRIED T NEVER MARRIED TO ≘ 10NTGOMERY DIVORCED director, page 3 should be detached far use as the burial-transit permit. Then please remave carban paper should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 122 campletely filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USDAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during mast of warking life, eyen if retired.) SPRING 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNT YES 🔀 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost puo (ARZ Rances physician the please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no. or unknown) 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Prematurity, multiple congenital anomalies IMMEDIATE CAUSE (a) left chest cavity. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave signed by the burial-transit (h) Eventration of abdominal viscera into rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying couse (dInterventricular septal defect. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TO NO 📑 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 2 - 15, 1965, that (I) (we) last saw the deceased alive an 2 - 15 1965 and that in (my) (pur) ppinion death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22d. PHYSICIAN'S NAME (Type) Hughes & McCune Kimberly Street 23b. DATE 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Silver "pring, Gate of Heaven Rockville, uneral Home



MARYLAND STATE DEPARTMENT OF HEALTH

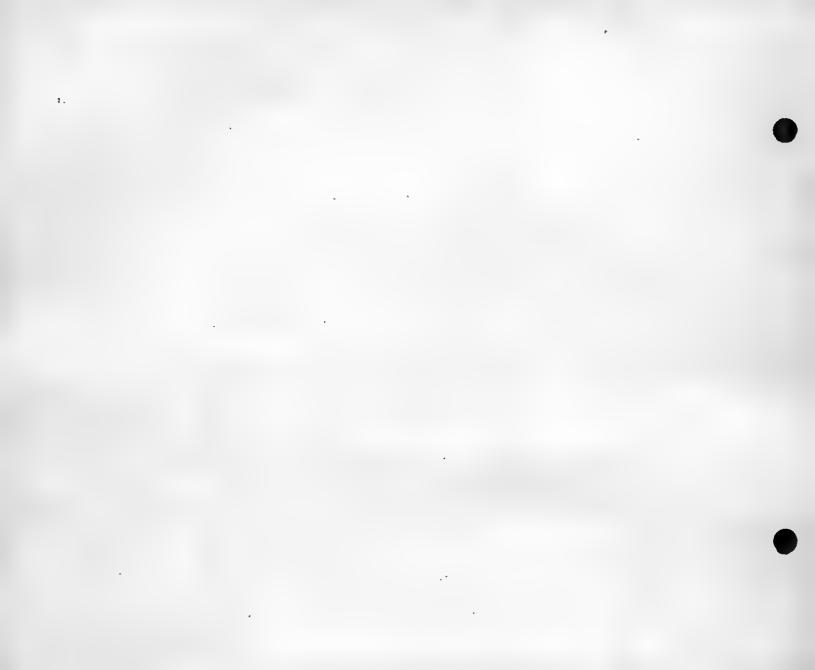


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with n pencil camine le pog	()	es, no, or unknow	/n) (If yes give war	or dates of service)		Linda Di	reke Val	110 an 940	Julian.	ere	galiles.
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= 70 =	3	PRIMARY O	R CONTRIBUTING	HOUR A.M.	19						
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DEPUTY CALL EXAMINER: reessary, please execute the certific funeral director. Page 4 should may be retained far your files. FUNERAL DIRECTOR: Page 3 should are to buriol, cremation.		AT WORK	toctor	ry, office building, etc.)							
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•	13-	-6-58 mt Division of Vital records, 301 W. Preston Street, Baltimore, Maryland 21201	
FOR STATE		52796 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	47753
MIALTH DEPT.		DECEASED NAME First Middle Lost 2a DATE KNOWN Month	Day Year 25 HOUR
\$ 0 € ±		Type or Print) ELRINE LUSTINE DILLERAEN DEATH MATED TO JED	21 1968 10A
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5 2 3		BIRTHPLACE (State or foreign 76 CIT.ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hosp-tal 12a. USUAL OCCUPATION (Kind of work date	12b. KIND OF BUSINESS OR
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cute age r your			
AL Por Port Port Port Port Port Port Port		22o. I certify that I took charge of the remains described above, held on Autopsy, Inspection K_, Inquiry K_, death resulted fram: Natural causes, Accident K_, Suicide, Homicide, Undetermined monner [
please expector. I director. retained. DIRECTO or to buy			_
ple direction		ACTUAL SIGNATURE Offin 3. Ball CHIEF MEDICAL EXAMINER 226 DATE SI	IGNED
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O DEPUTY The funeral S may be a O FUNERAL Health pri		EXAMINER'S NAME (Type) JCHN G- BALL ADDRESS(Street, city, town, or county)	
TO DEPUTY SICAL EXAMII necessory, please execute the the funeral director. Page 4 si 5 may be retained for your fire FUNERAL DIRECTOR: Page 3 Health prior to buriol, cremo	230	BURIA., CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
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		FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 2SD REGISTRAR S SI	IGNATI RE
VR A15ME (5) 10M REV. 1/68	B	ERNARD DANZANSKY & JOINS - WAS HINGTON DE DATE FEB 23 1968 YOUR	ACAU ANDREAD

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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR A deoth icion and completely filled in by the funeral lease remove carban papers Pages 1 and 3 and in any event, within 72 hours after death (Type or print) 2 the funerol Month Doy \$6 Year 68 MARY CORDELIA EARP 0 3 SEX 4. RACE requires that the death certificate be executed within 24 haurs after S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS MONTHS DAYS last birthdoy) 78.10H FEMALE WHITE 12-4-90 YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED T NEVER MARRIED country) MARYLAND LISA MONTGOMERY DIVORCED [WIDOWED [X] filled Md. IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY DINEY MONTGOMERY GENERAL HOUSEWIFE 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN THE INSIDE CITY (IMPTS? 13e, STREET AND NUMBER odmission) , STATE 136. COUNTY ONT GO MERY 1707 REDLAND RD. YES TO NO DERWOOD MARYLAND 14. FATHER'S NAME First Middle 15. MOTHER S MAIDEN NAME First last Middle 42 MARNER GEORGE HOWARD LAVINIA pleose the offending physician sit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) (If yes give war or dates of service) 218-07-5308-0 MEDICAL RECORDS removal NO PROX MATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) WEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 5 IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the burial-tronsit p rise to immediate couse (a). DUE TO, OR AS A CONSTOUR attending physician. stating the underlying couse TERIOSCLEPOTIC CARD PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART prior to l the has been 190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED SO CAUSES OF DEATH? YES [FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) ō OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year detoched te Dept. af αf (If either, notify medical examiner) P.M. / AT HOME, FARM, STREET FACTORY. \ 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. City or Town County Stote OFFICE BUILDING, ETC. While Not while at work Stote | 22a. I certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinian death accurred on the date and have and from the saw the deceased alive retoined ed with the (we) (did) (did not) view the body after death. guses stated above 22c DATE SIGNED ATTENDING DEGREE DIRECTOR director, poge should be tiled PHYS NAME (Type) DONALD R. LEWIS. M. 700 CLOVERLY ST. SILVER SPRING. MD. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BUR-AL, CREMATION. 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Spec fy) 2 2-9-68 Forest Oak Gaithersburg Mon te 2Sb. REGISTRAR'S SIGNATURE Cartner Weithersturg. 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68 DATE Charles

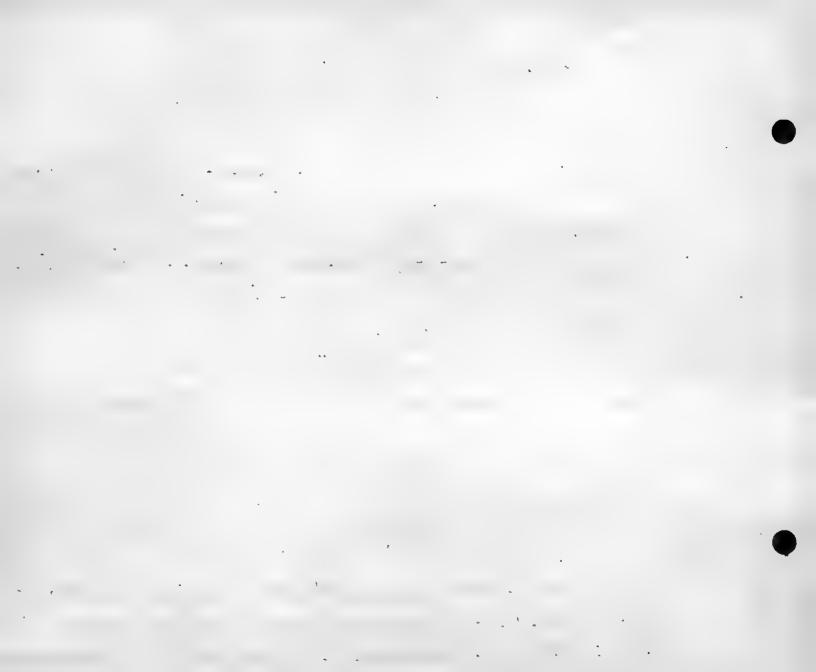


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME First 20 DATE KNOWN Year (Type or Print) ESTI-Poge DEATH MATED F JINJER 24 HRS 2c DATE PRONOUNCED DEAD Year PRO with the State Departer 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH should be forwarded to the Chief Medical Examiner's Office olong with form WIDOWED DIVORCED I pence in Item 18. Give Pages 10. CLTY OR TOWN OF DEATH OF HOSPITAL OR ENSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of 130 USUAL RESIDENCE (admission) STATE lond 2 ofter 14 FATHER'S NAME First IS. MOTHER'S MAIDEN NAM First poges hours 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 JHEDRMANT (Yes_no_er (inknown) File Ξ. within APPROX MATE INVENTA be executed 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH permit PART I DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) event DUE TO, OR-AS, A CONSEQUENCE OF **buriol-transit** Conditions, if only, which gove rise ta îmmediate cause (a), ony should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. .= puo certificate PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) О removol, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, YES [0 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A M cremation, **EXAMINER:** CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State FUNERAL DIRECTOR: Page factory, office building, etc.) NOT WHILE P please execute AT WORK AT WORK 220. I certify that I took charge of the remains described above; held an Autopsy Inquiry Inspection and in my opinion director. Noturol couses deoth resulted from: Undetermined monner ACTUAL 22b. DATE SIGNED SIGNATURE DEPUTY 5 may TO FUNE Health NAME (Type the BURIAL (REMATION 25g REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME [5] 10M REV. 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2g. DATE OF DEATH 2h HOUR death. eoth and (Type or poot) Month William Eydler 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE flo years DAYS White MALE 1886 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9. COUNTY OF DEATH 11.5.A. MONTGOMERY WIDOWED DIVORCED [TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) give street address) Filai and in ony event, 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before) 113c CITY OR TOWN 13d INSIDE CITY LINUTS? 13e STREET AND NUMBER signed by the attending physicion and comply burial-transit permit Then please remove a 13b. COUNTY & requires that the death certificate be executed Wilkes YES PC 14 FATHER'S NAME Middle 15. MOTHER S MAIDEN NAME First Last Endler Clement I 6a WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no or unknown) (If yes give wer or dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) 182-16-7001 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART | DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) ficate has been s for use os the b f Health prior to b 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Manth Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 3-14, 1960, to 3-14, 1960, that (1) (we) lost saw the deceased alive on 3-15, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATIJRE 22c DATE SIGNED ATTENDING PHYS DIRECTOR 22e. ADDRESS 22d PHYSICIAN S NAME (Type) Bernard H. Ostrow 8107 Eastern Avenue, Silver Spring. 23c. NAME OF CEMETERY OR CREMATORY 23a BUR AL CREMATION 23b DATE 23d. LOCATION (City or Town) (County) (State) 1968 Mt. Greenwood Cemeterh Dallas Pennsulvania Promotey, 8434 Agrongia Avenue VR A15 (4) Inc. Silver Spring, Md. Warner E. VCharles DATE R 2 3 30M REV. 1/68



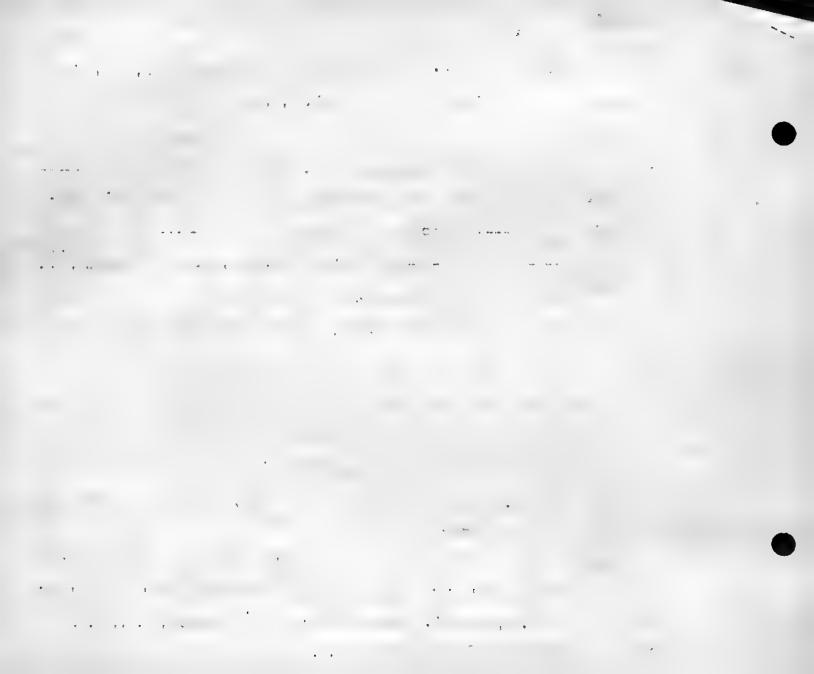


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR TO 2n. DATE OF OFATH DECEASED-NAME First Middle Lost death (Type or print) LUHN FEBRUARY 4:30M 1868 and CATHARINE FECHET 6. AGE (In years lost birthday) S. DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS. burial-transit permit. Then please remove carban papers. Pagès 1 burial, crematian, ar remaval, and in any event, within 72 haurs after 3. SEX 4 RACE 24 haurs after MONTHS DAYS HOURS FEMALE 12 Aug 1883 WHITE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED filled in country) U. S. A. WIDOWED [32] DIVORCED [77] MONTGOMERY Nebraska 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.)

nousewife INDUSTRY BETHESDA own home the attending physician and campletely sit permit. Then please remove carban SANI TORT UM 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before X13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Wash. D.C. YES 🔀 NO 3133 CONN: Middle Lost IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Gerhard Luke Luhn Catharine Oltmans 17 INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? T6b. SOCIAL SECURITY NO. Yes, na, ar unknown) Mrs. Marshall Bonner. Same as #13 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per tine for (a), (b), and (c). PART I, DEATH WAS CAUSED BY hours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Q Conditions, if ony, which gove a rise to immediate cause (a), signed by 1 DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) as the prior to t Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [NO IX of Health 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY j OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Nat while of work 22a. I certify that (1) (this-heapital) attended the deceased from... 19€£ , and that in (my) (and opinion death occurred on the date and have and from the saw the deceased alive an... director, page 3 shauld shauld be filed with the causes stated abave, (1), (we) (did) (did not) view the body after death. 22c DATE/SIGNED 22b SIGNATUR **ATTENDING** STAFF PHYS. DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Charles E. Woodson, M.D. 1801 Eve St. N.W. Washington 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23g. BUR AL, CREMATION, REMOVAL (Specify) Burial Arlington, Virginia Arlington National Cem. 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 5130 Wiscons Ave. N.W. 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 Jos. Gawler's Sons, Washington, D.C.



MAKTLAND STATE DEPARTMENT OF HEALTH



	_	1	Thomas 12 & 11 Films G2CO MARYLAND STATE DEPARIMENT OF HEALTH
y	1,		Items 13 & 14 Folvision of vital records, 301 W. Preston street, Baltimore, Maryland 21201 4/1/68 kk 2804 CERTIFICATE OF DEATH
	: Nal	1	DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b HOUR
	de d		(Type or print) EVA WOMACK FLANNAGAN 2 Month 11 Day 6 Sear 423
		3.	SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER LYEAR IF UNDER 14 IRES
	\$ # 88.8		FEMALE WHITE 5-7-92 OSLATTHOUS MAN YRS. MONTHS GAYS HOURS MAN
	Thor the source	70.	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
-	ed in	L	W. VA. U.S. H. WIDOWED DIVORCED MONTGOMERY
. XX		11	TAKOMA PARK 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) 12a. USUAL OCCUPATION (Kind of work define during most of working life, even if retired.) 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) 12b. KIND OF BUSINESS OR HOUSEWILE (INDUSTRY)
we		7 od	USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13, GIP, OR TOWN to 13d INSIDE CITY UNITS? 13e. STREET AND NUMBER 329 Tonnossee & mission) STATE MID. DC 13b. COUNTY F. G. T.
12	execute and camp emove ony eve	14	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
7	be ex 1 and e rem lin on		ROBERT LOLLY ANNIE WILSON
MEDICAL	requires that the deoth certificate be executed physician. signed by the ottending physicion and cample by burial-tronsit permit. Then please remove can burial, cremation, or removal, and in any event	16	a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (Hyes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT M.E.S. VIRGINIA MAUPIN 749 5.26 12 PL., ARL, 1
QJ	cert g pt Then mov		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b) and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
8.	ottending permit. The		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CEREBROVAS CULOr Accident - Acute 30 mins
	ottendir permit. ion, or re		4 3 6. 4 DUE TO, OR AS A CONSEQUENCE OF
7	the sit p		Conditions, if any, which gove nse to immediate couse (a). (b) CEREBRAL ARTERIO SCIE ROSCS
- 2	that thian. by the tronsit cremat		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
3	equires physicic signed burial-ti buriol, c		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
^	requestion of the contract of		Chamina Brain Sind
75	law rending peen s the ior to	20	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING
01	P o s	7 8	CARCEC OF DEATHS
1/2	AN: That of all or at a cate had ar use ar use Health	CEPTIFIC	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enfer nature of injury in Part 1 or Port 2, Item 18.)
77	YSICIAN: ospital or certificate hed far u	MEDICAL	or contributing cause of Geath HOUR A.M. Month Day Year [If either, natify medical examiner] P.M. 19
0	PHYS e host his cel stache Dept.	AM	21d INJURY OCCURRED While Not while at work at work.
	by the After the be de		22a. I certify that (I) (this hospital) attended the deceased from Dec. 28, 1965, to 2-11, 1968, that (I) (we) to saw the deceased alive an 3-1968, and that in (my) (eur) apinion death accurred an the date and hour and from the
	= 0 ~ n a		causes stated abave, (I) (we) (did) (did nat) view the bady after death.
	OR ATTEN be retained DIRECTOR: ge 3 should led with the		226 SIGNATURE Clavice Q. Claves huge n.D. DEGREE PHYS MED. DIRECTOR D STAFF 22c. DATE SIGNED 2-11-63
	O HOSPITAL OR Page 4 moy be r O FUNERAL DIRE director, page 3 should be filed v	7	22d. PHYSICIAN'S NAME (Type) CLAIRE A. CHRISTMAN 22e. ADDRESS 703 RIGGS RD. ADELPHILK
	HOS ge 4 FUNI recto	23	a BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
	5 5 5 g &		Burial -2/14/68 Cedar Hill Cemetery Suitland, Maryland
	VR A15 (4)	3	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	30M REV. 1/6	3	TOO F H 200 /th ct NF Work DC DATE DATE

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~		Item#23b Film /	DIVISION OF VITAL RECO	CERTIFI	CATE OF	EEI, BALIIMUK DFATH	CE, MAKTLAND 21201	112791
. 23	l Di	ECEASED-NAME First	Middle	CLIVIIII	Last		DATE OF DEATH	2b. HOUR
and death.	(1	Ype or print) Lau	ra G.	Fole	У		Feb. 3 Day	1968 1145 M
279	3 SE	r Female	4. RACE White		July	11, 1931	6 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
2 hode	7o. I	BIRTHPLACE (State or foreign atry) W. Va.	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARI	RIED 9. COI	Montgomery	
WITHIN 7		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL give street oddress	OP INSTITUTION (IF	not in bornital	172g USUAL OCC	UPATION (Kind of work done working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY Restauzn
vent, v	13a. admi	USUAL RESIDENCE (Where deceases stan) STATE Md.	ed lived, if institution Residence I 13b. COUNTY Montg.	pefare 13c CITY C	R TOWN	3d INSIDE CITY LIMITS? YES NO 23Y	13e STREET AND NUMBER	
an, or remaval, and in any event, with	14.4						6604 Hilland	
ם (14, 1	ATHER'S NAME First Otis			IS. MOTHER'S MA		Middle	Lost
į į	160	WAS DECEASED EVER IN U.S. ARM	Fole MED FORCES? 16b. SOCIAL SEC		INFORMANT	Emma	611	Mills
	Y	es, no, ar unknawn) (II yes give w	rar or dates of service) 236–46		Emma Mi	11s	Address Beckl	ey W. Va.
		Canditions, if any, which gave)	y one couse per line for (a), (b), (c) BY: NE CAUSE (a) DUE TO, OR AS A DASEQUEN		al	Infaco	tion lecosis	APPROX MATE INTEVAL BETWEEN ONSET AND DEATH
a burial, crem		rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUEN (c) IDITIONS CONTRIBUTING TO DEATH	ICE OF	TO THE TERMINAL	DISEASE OR CONDITI	ION GIVEN IN PART 1(0)	
n prior	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION I	WAS PERFORMED	20a. AUTOF	PSY?	20b. 1F YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
, , ,	MEDICAL CER	21 g. ACCIDENT WAS UNDERLYIN OR CONTR BUTING CAUSE OF DEAT (If either, notify medical examin	G 21b. TIME OF INJURY H HOUR A.M. Month Day P.M.	Year 19		JRRED (Enter natur	e of injury in Part 1 or Port 2, 1	em 18.)
7		21d INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, ST OFFICE BUILDING, E				City ar Town	Caunty State
n the star		causes stated above	s haspital) attended the de ive an 2/3 ive) (did) (did nat) viev	eceased fram 19 <i>(2</i> \$\infty\) at v the bady after	nd that in (my death.	, 19 <u>6 % ,</u> r) (aur) apinion		
ge 5 si led wit		226 (SIGNATURE DELINE &	. Kender	M.DDEG	111101		R STAFF 22c. D	ATE SIGNED Q-4-68
ld be fi		22d. PHYSICIAN'S NAME(Type) Bern	ie G. Bendler		22e ADDR	20 GA.	Ave. Wheaton	n. Md
director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carben-papers shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 h	B11	r-iiransi r	b. 6,1968 Suns	ME OF CEMETERY O		23d Bo 2So. REC'D BY REG	LOCATION (Gry or Town) CRICATION (Gry or Town) STRAR 2 25b. REGISTRAR S 5	(County) (Stote)
VR A15 (4) M REV 1/68			1331 Rockville Rockville, Mar			DATE FEB	8 1968 1	nes judges

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 U2806 CERTIFICATE OF DEATH 2o. DATE OF DEATH Middle 1. DECEASED-NAME requires that the death certificate be executed within 24 hours after death. (Type or print) Month 05eb IF UNDER 24 HRS. IF UNDER 1 YEAR 3 SEX 4 RACE 6. AGE (In years HOURS lost birthdoy) MONTHS YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? country) DIVORCED [WIDOWED 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (if not in hospital INDHISTRY during most of working life, even if retired.) ban O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, wi 13e. STREET AND NUMBER 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13b COUNTY 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes..no. or unknown) -10-7018 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) RETWEEN ONSET AND DEATH PART IL DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OPHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20o AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 210, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I **certify** that (I) (this haspital) attended the deceased from 2 - 19 , 1968, ta 2 - 24, 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Feb 29, 1968 Gethsemane Cemetery Easton Northhampton Burial REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) F. Gasch's Sons Hyattsville, Md. 30M REV 1/6B



MARYLAND STATE DEPARTMENT OF HEALTH 12303 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR Month (Type or print) FUGENE GERMANN 3 SEX 4. RACE IF UNDER 24 HRS S DATE OF BIRTH 6. AGE (In years IF UNDER YEAR last birthday) DAYS HOURS 1-19-10 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign MON 8. MARRIED T NEVER MARRIED WIDOWED X DIVORCED vithin 7 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 2 even if retired) give street address) INDUSTRY SAME crematian, ar remayal, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? camplet remaye car odmission) STATE A 136 PORTINCE GES. CHILLUM YES NO F 1510 LONGFELLOW 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle and the death certificate be GFORGE GERM 17 INFORMANT Yes, no, or unknown) attending permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. of Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING nds CAUSES OF DEATH? NO [YES [certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased fram... n_______, that (I) (we) last , and that(in (my) (dur) apinian death accurred on the date and haur and fram the director, page 3 shauld shauld be filed with the 22b. SIGNATUR 22c. DATE SIGNED M () DEGREE D RECTOR 22e ADDRESS 22d. PHYSM 23d, LOGATION (City or Town) NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Montgomery Marylan d MARYI AND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) B Rockville 54 Rockville vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled 8. IS RESIDENCE ON A FARM? 816 Viers Mill Road 816 Viers Mill Road NO. within 3. NAME OF First Middle DATE Month DECEASED OF compli event. LILLIAN GETTINGS Feb. (Type or print) McGAHA DEATH 19 6. COLOR OR RACE | 7. MARRIEO | NEVER MARRIEO AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HR\$ OATE OF BIRTH birthday) any Female Months Days and Cauc. Mar. WIDOWED S DIVORCEO physician en plant 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pe U. S. Housewife Potomac. Maryland denth certificate 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Thomas McGaha Martha Smith 15. WAS OECEASED EVER IN U.S. ARMEO FORCES?
(Yes, no, or unknown) | (If yes pive war or dates of service) ed by the attent finansit permit. cremation, or n 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter Address Same as Item 2. Mary G. Walters 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) n signed l berial-than Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the prior HOURS underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BU ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMEO? YES I NO 🔽 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of (tem 18.) this mert Jetache⊓ OR CONTRIBUTING | CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred ac 264 M, from the deuses and on the date stated above. saw the deceased alive on *22*19 22a. SIGNATURE. 22b. DATE SIGNED ATTENDING THE MED. ㅁ DIRECTOR TUNIENL 22c. PHYSICIAN'S dimetor, should be 22d. ADDRESS Gordon Posenber Montgomery; Packville, 23a/ BURIAL, PREMATION, REMOVAL (Specify) 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) ø Rockville Cemetery Buria **2-25-68** Rockville. Maryland FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. 1968 PUMPHREY. Bethesda, Maryland VR A15 (4) 20M 1/65

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NI.			MARTLAND STATE DEPARTMENT OF HEALTH	
14	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
"	•		CERTIFICATE OF DEATH	92795
	٠ 2 ج		ECEASED NAME First Middle Last 2a. DATE OF DEATH	2b HOUR
	funeral funeral fer death	(1	(ype or print) LEONIICA PLOOF GIANNESCHI 2	Year 753 4 M
	P S	3. SI		FUNDER I YEAR IF UNDER 24 HRS
	事 中 量 1	3. 31	last birthday) Mo	ONTHS OAYS HOURS MIN.
	章 章 章 (1)	<u> </u>		
	5 A 6		BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	in by the funeral sers. Pages, and 2	can	Italy American WIDOWED DIVORCED Montogner	Md
		10 (ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (What of work done	126 KIND OF BUSINESS OR
	E STATE OF THE STA	7	The Koma Pack give street address) SAID + Hesp during most of working ite, even if retired;	INDUSTRY
			US_AL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13a INSIDE CITY LIMITS? 13e STREET AND NUMBER	
	eve eve	adm	ission) STATE PULLED 13b. COUNTY MOINFOCKER THRONG PAYES NO 8003 CARRO	11 Aux
	and company ev	14.	FATHER'S NAME First Middle Law IS MOTHER'S MAIDEN NAME First Middle	Lost
	and co	1	Dreste: Prepotti Delfina Lucc	1,000
	an ose nd	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT , Address	11531
	that the death certificate be on. by the attending physician of fronsit permit. Then please cremation, or removal, and in		(es, no, grunknown) (If yes give war ar dotes of service)	· de FF m
	ph)	<u> </u>		APPROXIMATE INTERVA.
	ا قائد ا		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	BETWEEN ONSET AND DEATH
	he death ce		PART I. DEATH WAS CALSED BY IMMEDIATE CAUSE (o) Congestive heart failure	1 week
	atte oem on,		4129 DUE TO, OR AS A CONSEQUENCE OF	
	the the sit purchase		Conditions, if any, which gave (b) Arteriosclerotic Heart Disease	years
	thot the construction. by the tronsit cremot		nse to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		(c) Associated with bronchial asthma	vears
	equires the physicion signed by buriof-tro buriof, cre		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	red g p n si o b		1/21/	
	ending s been os the	NS.	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONS	SIDERED IN CERTIFYING
	IDING PHYSICIAN: The low real by the hospital or attending After this certificate hos been a be defacted for use as the state Dept. of Health prior to	CERTIFICATION	YES NO CAUSES OF DEATH?	notice in editining
	The strate hold use of the solith last	E		10)
	AN:		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part ar Part 2, Item 1 or contributing CAUSE OF GEATH HOUR A.M. Manth Day Year	n 18.)
	音音音	MEDICAL	(If either, notify medical examiner) P.M. 19	
	JING PHYSICIAN: by the hospital or fler this certificote be detached for visite Dept. of Heo	₹		Caunty State
	a til til til		While Not while of work Office BUNCHIG, ETC.	
	ATTENDING stained by the CTOR: After should be dith the State		22a. I certify that (this haspital) attended the deceased from 2/15/68, 19, ta 2/21/68, 19 saw the deceased alive an 2/21/68 19, and that in (Ex) (aur) apinion death accurred an the date	, that 🏈 (we) last
	A P P P P P P P P P P P P P P P P P P P	ı	saw the deceased alive an 2/21/68 19 and that in (an) (aur) apinion death accurred an the date	and havr and fram the
	Hie Se Sign		causes stated above, (h) (we) (did) (times) view the bady after death.	Will the Liver
	OR ATTENI be retained SIRECTOR: A re 3 should ed with the		22b. SIGNATURE ATTENDING MED. STAFF 22c DAT	TE SIGNED // P
	Pe ed Se be	ı	TOUGHT ROYVIND DEGREE PHYS I DIRECTOR I PHYS. I THE	rd1/60
	TO HOSPITAL OR ATTENI Poge 4 moy be retained TO FUNERAL DIRECTOR: 4 director, poge 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) 76 00 General 1.2 Appendix	
	A moy A moy VERAL tor, poor ild be fil		Paul I. Robb, M.D. 1/600 (Affol) Ave., lakoula f	Park, Md.
	O HOS Poge 1 O FUN direct shoul			(County) (State)
	Poge 4 moy ro Funerat director, pog should be fit	E	BENYAMENT 24 FEB. 1968 FORTLINCOLD MANJOLEUM SLADENSAURG M.	
		24	FUNERAL DIRECTOR ADDRESS AT 20012 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE
	VR A15 (4) 30M REV. 1/68	P	NARD : TOURPALHANGE THOS GEORGIA FIRE U. O. UNGUINGON DATE = B 2 3 1968 Client	M Just
		1/4 (In the of the conflict the september 14 sept	



好不	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	7 1 to
death 2.	1 DECEASED-NAME First Middle Last (Type or print) Francis Julian GILL	February 1904 68 25 Amur 1:35 M
s after the fun	3 SEX 4 RACE S. DATE OF BIRTH Male Cauc 25 May 1901	6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. I GOVER AND YES. IF UNDER 24 HRS. MAIN.
24 hours et instant opers Popers Popers	7a BIRTHPLACE (State or fareign country) 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED 1 NEVER MARRIED 1 DIVORCED 1	9. COUNTY OF DEATH Montgomery Md.
within 2 ely fille bon pag within	Bethesda give street address Naval Hospital during m	AL OCCUPATION (Kind of work done ost of garking life, even if refired.) 12b. KIND OF BUSINESS OR INDUSTRY Military
complete core	admission) Waryland 13 Montgomery Hyattsville YES X N	○□ 4704 40th Ave
n and c	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME IN Natalie V.	LISE
rtificate physicio en pleo ovol, an	Yes NA 578-42-3112	4704 40th Ave Hyattsville, Md.
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after depth be retained by the hospital or ottending physician. SIRECTOR: After this certificate has been signed by the ottending physician and completely filled interest the funeral e.3 should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Pages I and it is state Dept. of Health prior to buriol, cremation, ar removol, and in any event, within 72 tracks after death	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b). DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR!	BETWEEN ONSET AND DEATH
The low rec ottending F has been s se as the b	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YESCE NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter	
IYSICIAN: nospital or certificate ched for u	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No.	er nature of injury in Part 1 or Part 2, Item 18.) 1. City or Town County State
Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-tror should be filed with the State Dept. of Health prior to buriol, cre.	22a. I certify that (I) (this haspital) attended the deceased from 14 Feb 190 saw the deceased alive on 190 ond that in (my) (our) op couses stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING PHYS	
ISPITAL 4 may NERAL D tor, pag	22d PHYSICIAN'S NAME (Type) L. RAYMOND 22e ADDRESS Naval Ho	spital, Bethesda, Maryland
TO HO Page To Full direct	23a BURIAL (REMATION, REMOVAL (Specify) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Arlington National 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D	23d LOCATION (City or Town) (County) (State) Arlington, Va. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV 1/68	Joseph Gawler& Sons 5130 Wisconsin Ave, N.w. WDC	2 1 1968 Clarks Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o STATE Maryland b. COUNTY Montgomery Montgomery MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Betnesda c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 Years Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 5112 Manning Drive 5112 Manning Drive YES NO IX corban NAME OF Middle 4. DATE Day Year DECEASED WILLIAM H. GILL (Type or print) DEATH February FUNDER I YEAR S SEX 6. COLOR OR RACE 9 AGE (In years 7. MARRIED **NEVER MARRIED** DATE OF BIRTH birthdoy) Months Doys Hours Cauc. Male Aug.6, 1903 WIDOWED DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Supervisor-Paint Shop -Govt-Retired

13. FATHERS NAME ottending physicion of COUNTRY ? Washington, D.C. U. S. 14. MOTHER'S MAIDEN NAME burial-transit permit Then p William H. Gill Eva Grimes Wife IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no or unknown) (If yes give wor or dotes of service) Same as Item 2. Mary U.Gill 216-44-9847 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the 2NSET AND DEATH Cardic Arrest IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove 24 hr Ruptured Esophageal varix rise to immediate couse (a), **DUE TO** stoting the underlying couse Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been in Cirrhosis of the Liver years PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? CERTIFICATION Chronic Cardiac Failure NO.X 2Do ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm 20c. TIME OF INJURY Month, Doy, Year (Crty or fown) (County) (State) Hour o.m. factory, street, office bldg . etc.) While Not While deceased from Sept., 1967, ta. Feb. 13, 1968 that (I) (we) last 1968, and that death accurred at 13 M, fram couses and an the date stated above 21. I certify that (1) (this hospital) attended the deceased from Sept. saw the deceased alive on me 220 SIGNATURE 22b / DATE SIGNED director, page 3 should be filed v M.D 22c. PHYSICIAN'S 22d ADDRESS Chevy Chase Md. NAME (Type) Frank Jaggers Jr. 5707 Wisconsin Ave 230. BURIAL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d (OCATION (City or Town) Cedar Hill Cemetery 2-15-68 Suitland, Maryland 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR VR A15 (4) 25M 1/67 PUMPHREY, Betnesda, Maryland



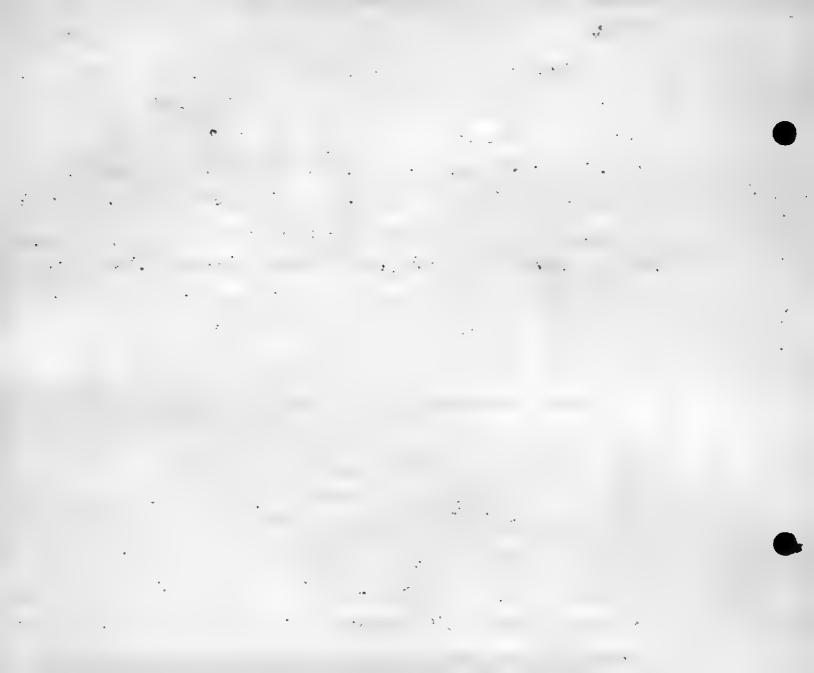
()	MARILAND STATE DEPARTMENT OF HEALTH
(7)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	02812 CERTIFICATE OF DEATH 02798
de out	1. DECEASED NAME First Middle Clost 2a, DATE OF DEATH (Type or print) David Frank 6 a S C 2 Month Day Year 30 Month Day Year 37 M
Tomero S. I and S. I and	
# 2 e e 5	3 SEX Male 4 RACE 4 RACE 5. DATE OF BIRTH 3-1-1889 6 AGE (In years I FUNDER 1 YEAR F JUNDER 24 HRS. I AGY I HOURS MINH.
5 ± B, 8% 50	
haurs haurs haurs	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY)
Illed in 72 h	O.C. U.S WIDOWED DIVORCED 1/10/01 1 Md.
filled paper thin 77	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR
iletely filetely factor	5/1 Sp give_street address) Cross Elec. Inspector D.C. Govit
d d d	130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSDE CALL LIMITS 13e STREET AND NUMBER
See am inte	admissiant STATE I Sp 136 COUNTY MORT S, UARS YES NO 1023 DOUGIAS AU
and campa or remave	14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle C Last
e de la constante de la consta	OAsid B Glasco Amelia Jankey
ician lease and i	16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address
certificate I g physician Then please	Yes, no., or unknown (I' yes give wor or dates of service) Rose E. Glasco same as above
ren hen hen hen hen hen hen hen hen hen h	IB. CAUSE OF DEATH (Enter anly ane cause per line, for (a), (b), and (c).)
e death cer attending p permit. The fon, ar repa	PART I. DEATH WAS CAUSED BY: IMMEDIATE CALIFE IN VEVITTICULAR FIbrillation 180 MILLEURS
end mit.	IMMEDIATE CAUSE (c)
attend attend permit.	DUE TO, OR AS A CONSEQUENCE OF RECEIVED
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quires that the physician, signed by the burial-transit buyial, fremat	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
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equires to physicia signed burial-tr burial-tr	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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e law ratending as been as the parjar ta	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The atter	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO CAUSES OF DEATH? 21d. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 21d. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
IAN: The rall or att ficate hat far use Feath, grant or att far use	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19 21d INVIERY OF CHERET D. PLACE OF INVIERY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State
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PHYSIC he haspit this certil letached bept. O	While Mat white OFFICE BUILDING, ETC.
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2	saw the deceased glive on 100 200 1900 and that in (my) (aur) apinian death accurred an the date and haur and from the
State of the state	causes stated above, (1) (we) (did) (did nat) view the bady ofter death.
A to the total	226. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
be re DIREC	DEGREE PHYS. DIRECTOR DIRECTOR DIVECTOR
TAL OR AL DIR	22d PHYSIC ANS CONTROL OF THE PHYSIC AND CON
O HOSPITAL OR ATTER Page 4 may be retaine O FUNERAL DIRECTOR: director, page 3 shoul should be filed with th	SI Well FILM FREEL
O HOSPI Page 4 m O FUNER Should b	23a. BJRIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
5 5 5 4 4 7 5	REMOVERSHIP 2/5/68 Rock Creek Cemetery Washington, D. C.
VR A15 (4)	24 FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1988 1989 1989 1989 1989 1989 1989 198
30M REV 1/68	SHHines Co. 2901 14NNW DO DATE FEB 5 1968 grantes grantes



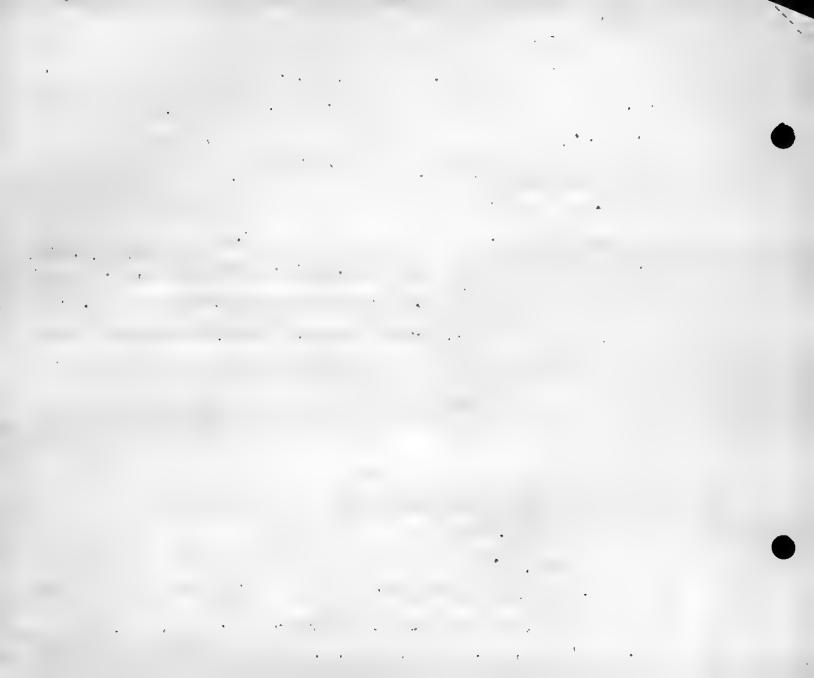
- 1 -	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		2735
HEALTH DEPT.	DECEASED NAME First Mildre Lost 2a DATE KNOWN Month Day (Type or Print) OF ESTI- TIMED 2.2	Year 2b HOUR
oy 's 3 ta Page ent of	SAMUEL GLASSER DEATH MATED TEB 23	4.2 11
S E C E	M White 2/13/93 /@ YRS	ear 19 A
ALI SELECTION OF THE PROPERTY	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH SILVER SP COUNTRY) N.Y. U.S. 77. WIDOWED DIVORCED MONTGOMERY COUNT	RING,MD.
we Pages y with for the Stote	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking Life, every fretired) INDUS.	IND OF BUSINESS OR
after 8 Gay olong with tl	MARYLAND HOLY CROSS 13a. USUAL RES DENCE DYNere deceased lived, if institution: Residence before 13c CPTY OR TOWN odmission) STATE 13b. COUNTY 13c. USUAL RES DENCE DYNere deceased lived, if institution: Residence before 13c CPTY OR TOWN Odmission) STATE 13b. COUNTY 13c. USUAL RES DENCE DYNere deceased lived, if institution: Residence before 13c CPTY OR TOWN Odmission) STATE 13c. USUAL RES DENCE DYNere deceased lived, if institution: Residence before 13c CPTY OR TOWN Odmission) STATE 13c. USUAL RES DENCE DYNere deceased lived, if institution: Residence before 13c CPTY OR TOWN Odmission) STATE 13c. USUAL RES DENCE DYNere deceased lived, if institution: Residence before 13c CPTY OR TOWN Odmission) STATE 13c. USUAL RES DENCE DYNere deceased lived, if institution Residence before 13c CPTY OR TOWN Odmission) STATE 13c. USUAL RES DENCE DYNere deceased lived, if institution Residence before 13c CPTY OR TOWN Odmission) STATE 13c. USUAL RES DENCE DYNere deceased lived, if institution Residence before 13c CPTY OR TOWN Odmission) STATE 13c. USUAL RES DENCE DYNERE	Street
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within 24 n pencil in Examiner's File poges 1 72 hours	160 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (Yes, ng, ogunknown) (If yes give wor or dotes of service) 017-01-4040 DEMAN GLASSEC POCK VILLE	AL RUISO
- + · :	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (r))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
e executed pending" i ef Medical isit permit.	IMMEDIATE CAUSE (c) ACUTE COPSITE INSULTACE INC.	
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Thirting of the plant of the pl	FRIMARY OR CONTRIBUTING HOUR A.M.)
EXAMINER: ute the certi age 4 should your files. Page 3 shou	CAUSE OF DEATH 21d N.JYY OCCURRED WHILE AT WORK AT W	inty State
		and in my apiniar
blose exected in the state of t	death resulted from Natural causes 🗵, Actident 🗋, Suicide 🔲, Homicide 🔲, Undefermined manner	
<u> </u>	ACTUAL SIGNATURE ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 220 DATE SIGNED ASSISTANT MEDICAL EXAMINER	D
EPU sssor fune oy b JNER	SIGNATURE EXAMINER'S NAME (Type) BELOGN ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER LAPORE S(Synear) Top (1994) The property of t	3,1968
10 D nece the 5 m 10 FL	230-BUR AL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count Philosophy) 2-25-68 GEOLES AS H. CEM. / TYPITTI VILLE	ty) (State)
VR A15ME (5)	24. FUNERA. DIRECTOR ADDRESS ADDRESS ADDRESS DATE FB 2 7 1968 ACTION OF THE PROPERTY OF T	Judge :



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
4	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
7 (An)	L	CERTIFICATE OF DEATH	
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deal deal	((Type or print) PHIMIP GOLDEN 3Month 100 - 68 8-	OM.
fun er e	3. 5		
24 hours after death ed. in by the fune also pers. Place I and Tabours after death	1.	MALE WHITE 12- 1885 COST YRS. MONTHS DAYS HOURS IN	VIII
y d s		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	_
A Programme	can	RUSSIA RUSSIA WIDOWED DIVORCED MONTGOMERY	Md.
filled filled thin 7	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSUAL OCCUPATION (Kind of wark dane 12b KIND OF BUSINESS OR	
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campletely ave carbon y event, with		USUAL RESIDENCE (Where deceased leved, if institution, Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREET AND NUMBER	_
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Par de la serie de		NO HOME 177-48-2763 MRS. LILLIAN LERNER - LTR. SISING	2:
VCAL E te death cer attending p permit. The		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.	_
TEDICAL that the death an. by the attending ransit permit. crematian, ar ren		IMMEDIATE CAUSE (0) Massive Cerebre Henorshaft 2 hrs	
he of per jan, ian,		DUE TO, OR AS A CONSEQUENCE OF	
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law randing been s the iar to	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	_
The after after the print of th	15	YES NO CAUSES OF DEATH?	
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YSICIAN: aspital ar certificate hed far ust. af Heall	MEDICAL	GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year [If either, notify medical examiner] P.M. 19	
LEARED 3 PHYSICIAN The haspital This certifica detached for	N.	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote	
this De		While of work of wark	
State of the part		22a. I certify that (I) (this haspital) attended the deceased from 1921, to 900, 1968, that (I) (we)	last
IND ed led l	П	sow the deceased give on 1960, and that in (my) (our) opinion death occurred an the date and hour and from causes stated above, (1) (we) (did) (did not) view the body ofter death.	the
To Hair thing the thing the things the thing		20. DATE SIGNATURE	—
CR ATTINE Directors: A DIRECTOR: A eg 3 should ed with the		Claron himek h.D DEGREE PHYS DIRECTOR D	
AL No page of the file of the		22d. PHYSICIAN'S 22e. ADDRESS & Co.	
TO EOSPITAL OR ATTIN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should	١.	NAME (Type) AARON NIMETZ 5501-16-1,-N.W.	
FUN FUN	23a	D. BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	
5 5 5 9 4 V	L	BIORIAL 2/12/68 GEO. WASH-CETT HATTSVILLE, MG	2
VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR ADDRESS 4217-9-22 250 REC'D BY REGISTRAR S SIGNATURE	;
30M REV 1/68	1	CLOBERG FUHERAL HOLTE ST. LYILY, DATEB 13 1884.	



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	KATHEVAL CERTIFICATE OF DEATH	
Jeath.	DECEASED NAME First Middle Lost 20 DATE OF DEATH (Type or print) KATHRYN D. COODWIN 2 Month / 7 Doy /9 Cycl. 8 /3	R 4-M
after after	SEX Female 4. RACE S DATE OF BIRTH June 27, 1899 6. AGE (in years of under 1 year if under 24 hours of under 1 year) Female White VRS. HOURS A	IRS. A N
4 hours after death d in by fifth fungrole pers. Pager 1 old 7 72 hours after death	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MONTO MERY CO.	Md
970 C	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 120 USUAL OCCUPATION (Kind of work done give street address) Ranced on Hills Ls. Norduring most of working life, even if retired) INDUSTRY Dept a Holl Randed on Rel. When In Manner practice past with US short feether.	f h,i
low requires that the deoth certificate be executed within nding physician been signed by the attending physicion and completely fill sthe buriol tronsit permit. Then pleose remove carbon pior to buriol, cremotion, or removol, and in ony event, within	THISSION STATE AND NUMBER 136 COUNTY, STATE AND NUMBER 137 COUNTY, STATE OUT OF TOWN 138 MISSION STATE OF THE STATE OF	
bur mor	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	
ie be	James T. Kellie Luna • WAS DECEASED EVER IN U.S. ARMED FORCES? 165. SOCIAL SECURITY NO. 17. INFORMANT 2.2.2.4 Address. 1-1 and 70.	
rtificat physici en ple ovol, a	Yes, no, or unknown) (If yes give wer or dates of service) - Mrs. Grace A. Kempton McLean, Va.	
eoth ce ending nit. Th or rem	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	*
t the att the att sit per notion,	Conditions, if only, which gove rise to immediate course (o), (b) advanced Carebral asteriorselessing 10 yrs.	
physician physician signed by buriol tron buriol, cren	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF [c]	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(o)	
AN: The low read of the contending itote has been for use as the Health prior to	19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter paging or p	
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21b. PLACE OF INJURY (ATHOME, FARM, STREET, FACTORY.) 21f. IOCATION. Street or P.F.D. No. City or Town. County.	
	While Not while of work of wor	-
by the Stat	220. 1 certify that (1) (this haspital) attended the deceased fram	las: the
OR ATTENI DE retained DIRECTOR: A ple 3 should ed with the	226 SIGNATURE 226 DEGREE PHYS DEGREE PHYS DEGREE PHYS DIRECTOR STAFF 22c DATE SIGNED 2/17/68	
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22d. PHÝSICIAN'S NAME (Type) RONALD W. BARR, M.D. 220. ADDRESS DLD GEORGE TOWN RA BETHESO	À
HO.	o. Burial, CREMATON, 235 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2/21/68 Forrest Hills Cemetery Medison Wisconson	
	REMUTIAL DIRECTOR FORTEST Hills Cemetery Madison, Wisconson ADDRESS ADDRESS JOSA GAWLER'S SONS, Inc. Weshington, D. C. JOSA GAWLER'S SONS, Inc. Weshington, D. C. JOSA GAWLER'S SONS, Inc. Weshington, D. C. JOSA GAWLER'S SONS, Inc.	_
VR A15 (4) 30M REV. 1/68	Jos. Gawler's Sons, Inc. Washington, D. C. DATE FEB 2 3 1968 June 1968	. 3



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		28112
HEALTM-DEPT.	1 DECEASED NAME First Middle Lost 2a DATE KNOWN [X] Month Di	
v of all will	(Type or Print)	- 10/5
	COEORCE 25J4C CORAHAM. DEATH MATED 245 3 SEX 4 RACE, S DATE OF BIRTH 16 AGE ON years F UNDER 1 YEAR F UNDER 24 HRS. 20 DATE PRONOUNCED DEAD	2d HOUR
de de	lost berthology MONTHS DAYS HOURS MEN Months Day	Year 19 68 8 7 MM
P. P	70. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	IY COS B PO M
	COUNTY) MARY LAND U.SA W DOWED DIVORCED MONTGOME	11.
# 8 4 H	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USHAL OCCUPATION (Kind of work done 12	b MND OF BUSINESS OR
heerth 1		DUSTRY
_ ≥ m *~	13a. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY DIMITS? 13e STREET AND NUMBER	
O m O ≥ 0	Odmiss on DISTATE WARNE 136 COUNTY MONTGOMERY DICKERSON YES NO RD # 2	
hours Item 10 Office 1 and 2 after d	14 FATHER'S NAME First Middle Cost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 h	ISAAC GRAHAM CATHERINE PETEI	es
hin 24 ncil in niner's pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	F
	MARGARET STANFOED - S.	
ecuted will mg" in pe dical Exar ermit. File within 72	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART DEATH WAS CAUSED BY Acritic Coronary Insufficions	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed anding" in Medical is t permit.	PART DEATH WAS CAUSED BY Acute Coronary Insufficiency	clays.
be executivending inef Medic	DUE TO, OR AS A CONSEQUENCE OF	years
	(anditions, if any, which gave) nse to immediate cause (a), (b) Corenary arteries eleres is, severe	years.
ward ward the Cf rial-tre	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
V1 00 05	lost. y 3) / (c)	
This certificate shoul cate, writing the war be farwarded ta the be used as a burial-remayal, and in an	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Pulmonary emphysoma, posturel type.	
rriff rritir vard vard ed o ed o ival,	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certificate, writing to forward to be used a remaval, remaval,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of nivry in Part 1 or Part 2. Hern	YES TO NO
Thr icati	210. EXTERNAL CAUSE WAS 216 TIME OF NJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Port 2, Item	
INER: 1 e certific shauld b fites. 3 shauld iotian, ai	PR MARY OR CONTRIBUTING DE 11 HOUR AM Dec 25 1967 Fost control of her green of new interior	about ment & Bail
	≥ 21d INJURY OCCURRED 21e P.ACE OF IN.URY (At hame, farm, street, 21f LOCATION Street or R.F.D. Na City or Town	County State
DEPUTY EDICAL EXAMINER: cessary, please execute the cert efuneral director. Page 4 shault may be retained for your files. FUNERAL DIRECTOR: Page 3 shault prior to burial, cremotran.	WHILE AND WHILE A WORK	Quelle sty amery Alel
Pag ar y ar y	22a certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🔼, Inquiry 📐	and in my apinian
Buri Ga fi	death resulted from Natural causes . Accident X. Suicide . Hamicide . Undetermined monner	, ,
please of director retained to by diar to by	CHIEF MEDICAL EXAMINER	
y, ple y, ple stal de ret perior prior	SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	
DEPUTY seessary, le funeral may be r FUNERAL	EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	5,1968
O DEPUTY necessary, the funero S may be S punera Health pr	NAME (Type) ADDRESS(Street, city, town, or county)	
01 01 01 01 01 01 01 01 01 01 01 01 01 0	REMOVAL (Specify)	ounty) (State)
×	PUP 19 2/10/68 Warren Chapel Com. Martinshire a ADDRESS JA 1250 RECOBER 1250, REGISTRAN 1250,	Monty Mar.
VR A15ME (5)	La TURKERAL DIRECTOR 250 REC D BY REG STRAR 250. REGISTRALS S G ADDRESS ADDRESS ADDRESS DATE EB 1.3 1968	NAIUKE /
10M REV 1/68	THE LANGUAGUE I VOLK ALLE LINE TO TO 1200	· · · · · · · · · · · · · · · · · · ·



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ,28 . 2812 CERTIFICATE OF DEATH 2a. DATE OF DEATH / GO DECEASED NAME Middle Last death. (Type or print) Doy DREEIU. 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS AUG W. FEMA/E law requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State, or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 1154 WIDOWED [77] DIVORCED [EWIOCK 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR burial, crematian, or remaval, and in any event, within give street address) during most of working life, even if retired) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 1/3c, CITY OR TOWN 13d. INSIDE CITY LAMITS? 13e. STREET AND NUMBER 13b. COUNTY YES X NO [remave 14 FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle FlorA 01/00 \$ Louis physician c 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO Address Yes, no, asunknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave: burial-fransit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the under ving couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🗀 NO TX TO FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2]c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Day Year P.M. (If either, notify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21a. INJURY OCCURRED State City or Town County While Not while at work 220. I certify that (1) (this hospital) attended the deceased from July saw the deceased glive an Jame 2 19 GK and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did net) view the body after death. Sow patrice 22b. SIGNATURE 22c DATE SIGNED -ATTENDING PHYS MED. DIRECTOR DEGREE 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) do 230 BURIAL, CREMATION 23c NAME OF CEMETERY OF CREMATOR 23d, LOCATION (City or Jawn) **23b. DATE** (County) (Store) ELINERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68



. 1			ND STATE DEPARTMENT OF 1 , 301 W. PRESTON STREET, BALTI		
TATE STATE		2 1 6 a 7 6	KAMINER'S CERTIFICATE		. 2004
HEALTH DEPT.		CEASED-NAME / First	M ddle . Last		Day Yeor 2b HOUR
× 200 5	(Ype or Print) James L	U Shegg	DEATH MATED & FLL	27 1850 3 A M
Pagent eent	3 5	Comment of animals	6 AGE in years IF UNDER YEAR LOST birthday) MONTHS DAYS	IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	24 НОПВ
b www.		Male W Feb. 2, 18	794 74 YRS	72L 27	Year 1968 8 3 M
9	7a caur	BIRTHPLACE (State on foreign 7b. CIT ZEN OF WHAT COUNTR			
ges fair		1101/6 -416/1376	OSPITAL OR INSTITUTION (If not in hospital	- 101010gorrow	12b KIND OF BUSINESS OR
er death any sive Pages 1,-2,- ng with farm Ph n the State Depart h.		Betherda give street oddre	1855) Montrose aux	during most of working life even if retired	MDUSTRY
aft 8 6 8 0 alai		USJAL RESIDENCE (Where deceosed lived, if institution: Resident state) STATE 13b COUNTY More	1 6 11 .	WES NO 16407 MOS	rtrase ave
	14, 1	ATHER'S NAME First Middle	15 MOTHER S MAID	EN NAME First Middle	- Lost
d be executed within 24 of "pending" in pendi in Chief Medical Examiner's transit permit. File pages y event within 72 haurs	160	MAS DECEASED EVER NUS ARMED FORCES? 160 SOCIA	TALSECURITY NO 17 INFORMANT	ADDRESS C	1-771170
within pencil xamine ile pag	0	Bo, or unknown) Utype-gave wor er dates of service) 471	34/9858 2012	Taret Oll Gragal is	to a bove
ed with the line per		IB. CAUSE OF DEATH (Enter only one couse per I ne for (o),	, (b), ond (r))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ate sh g the ed ta ed ta and ir		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	EATH BUT NOT RELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIVEN IN PART 1(a)	<u></u>
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is certificate shee, writing the farwarded ta take used as a bur remaval, and in	CATIO		IDITION FOR WHICH OPERATION S PERFORMED?		20. AUTOPSY?
	CERTIFICATION			Manage /r	YES NO
	MEDICAL C	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M	onth, bay, teor 210 HOW INJURY OFF	URRED (Enter nature of njury in Port 1 or Part 2, Itel	m 1B)
= e v + c e ,	WE	21d INJURY OCCURRED WHILE MOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK	form, street, 21f LOCATION Street or	r R F D No. City ar Tawa	County State
L EXA ecute Page ar yar R: Pag		22a. I certify that I taak charge of the remai	ins described abave, held an Autap	sy 🕅 Inspection 🔼 Inquiry 🔯	and in my apintan
e exectors. Potential for the far far ECTOR:		death resulted fram: Natural causes 🔼,		Hamitide Undetermined manner	
please er directar. estained DIRECTO		ACTUAL O & S B - O.	CHIEF	MEDICAL EXAMINER	
rry, ple eral di be ret RAL D		SIGNATURE John 5 13 all	171.0	TANT MEDICAL EXAMINER 226 DATE S	IGNED 27, 1968
D DEPUTY BICAL EXAM necessary, please execute it the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health priar to burial, crem		EXAMINER'S John 7. 'all		TY MEDICAL EXAMINER (X)	6.297700
TO DEPU Pecessal the func 5 may to FUNE Health	230	BJRIAL, CREMATION, 23b DATE 23	3c. NAME OF CEMETERY OR CREMATORY		County) (State)
8		DEMONIAL Francisco	Raltimore National	Paltimore, Maryla	4
1	24	When the or uneral Home-133	OT ROCKANTIE BIKE I	250. REC'D BY REGISTRAR 256 REGISTRAR'S S	GNATURE
VR A15ME (5) 10M REV 1 68		Rockville, 'd.		DATE MAR 1 1968 Julian	100



		32319	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STRE CERTIFICATE OF D		RYLAND 21201	028	195
eath.		CEASED-NAME First WILLI	Middle AM	Lost GUSSIN		DEATH Month 1 Doy	Yeor 6	2b. HOUR
after d the fun- iges 1 c	3 SE		4. RACE White	5 DATE OF BIRT		6 AGE (In years lost birthdoy)		F UNDER 24 HRS. HOURS MIN.
4 hours l in by ers.	7o l	BIRTHPLACE (State or foreign try) Russia	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI WIDOWED DIVORCE	ED 9 COUNTY OF	tgomery		Md
Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Rages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after depth.	S	ily or town of DEATH	COECHVISAL 1	NSTITUTION (If not in hospital VILLA Conv.	120 USUAL OCCUPATION	Kind of work done	126 KIND OF BUINDUSTRY	ISINESS OR
scuted v complete ave carl	130	USUAL RESIDENCE (Where deceos ssion) STATE Md.	ed fived, if institution Residence before 13b COUNTOntgomer	y S.S.	d, INSIDE C TY LUMITS? 13e 57 YES NO 10 10 2	reet and number 205 Proct	or St.	
n and or se remoder	L	ATHER'S NAME First Abra Haryn.	GUSSIN Lost	1S. MOTHER'S MAIL	DEN NAME First WWK*	Middle		Lost
rtificate physicia en plea aval, an		WAS DECEASED EVER IN U.S. ARN es, no, or unknown) (16 yes give w	IED FORCES? or or dates of service)	YNO 17. INFORMANT Herbert	Gussin(sor	Address Address Same a		
eoth ce		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA	y one couse per line for (a), (b), and (b) BY. TE CAUSE (a)	c).)			APPROXIMA BETWEEN ONS	ET ANO GEATH
if the d the attr sit perr nation,		Conditions, if any, which gave) rise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE O	Mic			241	u,
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SICIAN: Spital o errificate ed for	MEDICAL C	210 ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M. Month Day Yearner) P.M.	9F 19	RRED (Enter noture of inju			-
IG PHY the ho r this co detach te Dept		at work	PLACE OF INJURY (AT HOME FARM, STREET, OFFICE BUHLDING, ETC.			or Town	County	Stote
TENDIN TENDIN OR: Affe ould be the Sta		sow the deceosed of courses stoted obove	s hospitol) ottended the deced live on Jew 22, , (1) (we) (did) (did not) view the	19 67, and that in (my) e body after death.) (our) opinion death	occurred on the do	te and hour o	nd from the
OR AT be reto DIRECTO		22b. SIGNATURE	Sheesler, 4,5	DEGREE PHYS.	MED DIRECTOR	22c. I	DATE SIGNED	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rate Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to			rin Schneider,		911 Silver	Spring A		
TO HO Poge TO FUI direct	l E	BJRIAL, CREMATION, REMOVAL (Specify) 23b. (23b.	22–68 Beth	Sholom Ceme	tery Was	ON (City of Town) hington. 25b. REGISTRAR'S	(County)	(Store)
VR A15 (4) 30M REV. 1/68	35	01 14th St.	nzansky & Some	20010	and the second second		SIGNATURE	482

MAKTLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 230 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20 DATE OF DEATH 26 HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month EN. DERBNICH 3. SEX 4 RACE S. DATE OF BIRTA 6 AGE (In years IF LINDER 1 YEAR IF UNOFR 24 HRS lost birthday) DAYS HOURS WHITE 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED MONTGON WIDOWED N DIVORCED [7] TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OF during most of working life, even if retired.) carban 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e, STREET AND NUMBER 13b. COUNTY Montgomery Rockvi remove 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First ORBE. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 060 Yes, no, or unknown) burial, crematian, or remayal, the attending phy isit permit. Then (c)) وهم (d), (b), عمل (c) (s). CAUSE OF DEATH (Enter only one cause per line for (a), (b), عمل (c) PART I DEATH WAS CAUSED BY: burial-transit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditrons, if any, which gave rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16 O FUNERAL DIRECTOR: After this certificate has been as the prior ta 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗔 far use State Dept. of Health 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. shauld be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INAJRY OCCURRED City or Town State County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 1/2 - 10 - 107. , 1967. , ta 2 - 2 9 ... , 1968. , that (1) (we) last saw the deceased alive on 2 - 2 9 ... 1968, and that in (my) (aur) apiman death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 226 SIGNATURI 22c DATE SIGNED ATTENDING STAFF director, page 3 shauld be filed v DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) John R. Spencer 23d LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 230 BURIAL, CREMATION REMOVAL (Specify) Buria REC D BY REGISTRAR FUNERAL DIRECTOR DATEMAR VR A15 (4) 8434 Ga. Ave. S.S.Md. 30M REV, 1/68

2.7 e% . ..

VR A15 (4) 30M REV 1/68

NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) Burla 23b. DATE 2-28-68 PUMPHREY, Bethesda, Maryland 24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY Acacia Cemetery

Silver Spring, Maryland 23d LOCATION (City or Town) (County) Lombard, Illinois 2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

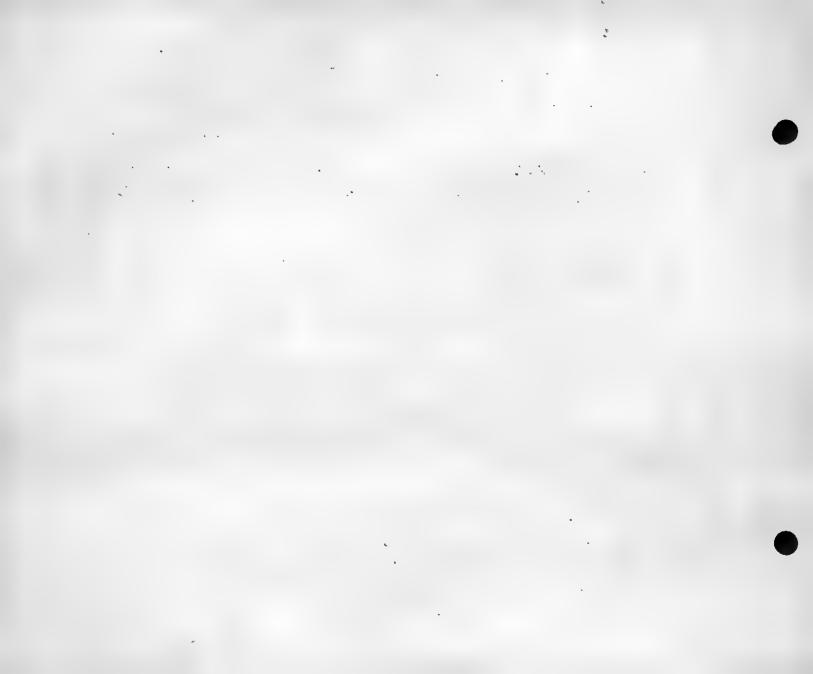
(State)



7 26	31		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
0	e lane		CERTIFICATE OF DEATH 2899
330	after death	Ī	PLACE OF DEATH a. CDUNTY MONTGOITRY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND MONTGOITRY MONTGOITRY
<u>ब</u> ्हे(Pages urs afte		b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) CITIUDED CIDETING C. LENGTH DF STAY IN 1b C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) SILVER SPRING
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3	e be excessed within 24 hours ysician and completely filled in by lease remove carbon papers. Pag and in any event, within 72 hours	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNDER 14 HRS. MARRIED NAME OF BIRTH OCTUMASTAN MONTHS Days Hours Min.
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	e death certificate the attending physi it permit. Then ples lation, or removal, a	Ľ	YES 069-14-2090 Mary Elizabeth HARRIMTON (See item 12)
Runssin for venemal	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the at director, page 3 should be detached for use as the burial-transit pern should be filled with the State Dept. of Health prior to burial, cremation,	MEDICAL CERTIFICATION	
	TO HO Page 10 FU		Burial Cremation, 23b. Date thereof 23c. Name of cemetery or crematory 23d. Location (city, town of county) (State) REMOVAL (Specify) 4 March 1968 Gettysburg National Gettysburg, Pa. A. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE LINAIDI / 7400 Georgia Ave., NI, Wash., DC20012 Date MAR 5 1968 Full Ave.
	20M 1/65	=	DATE WAIL O IVOU



4-1	items 18 &22 film 398 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2819
HEALTH-DEPT.	I DECEASED NAME First Middle Last 2a DATE KNOWN Manth Doy (Type or Print)	Year 2b HOUR
= 6	OTONEY OF PIEDRICH DEATH MATED	3 168 35
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s offer d 18 Give c olong with th death	13a. USUAL RES DENCE (Where deceased lived, if institution Residence before odmission) STATE 13b. 13b (OUNTY 13b) (OUNTY 13b) (OUNTY 13b) (OUNTY 13c) (1872)	woods.
hours Item 1 Office I and 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
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	IMMED ATE CAUSE (a)	
be extinet Mendinet Me	Conditions, if only, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) Coronary Artery Teart Disease	
ould be evord "per ne Chref." ol-transit	rise to immediate cause (a), (b) Storing the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	
2 > == == ==	(c) Arteriosclerosis, severe	
a) ± * P	PART 2 OTHER SIGNIFICANT CONDITIONS CON RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
0 = 9	Z V N	
is certificative, writing if forworded e used as o removal, an	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 211 LIVE OF INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 18	20 ALTOPSY?
be ede	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 15	YES NO
그 발표 를 했다.	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	1.)
tCAL EXAMINER: execute the cert or Page 4 shoult or Page 3 shour files CTOR: Page 3 shou	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT	unity State
Cecul Cecul Pag Pag For y	22a. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X.	and in my apinian
HCAL of exection of the form o	death resulted from. Natura causes . Accident . Suicide . Hamicide . Undetermined manner .	
please direction ectoine DIRECTION CONTRACTION CONTRAC	ACTUAL ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
77. ple eral d be ret SAL D prior	SIGNATURE SIGNATURE 225. DATE SIGNI	ED
TO DEPUTY CARALES IN THE FORM	EXAMINER'S NAME (Type) BELDEN K. KEAP M. D. ADDRESSIVE OF COUNTY) JOST, H	-1968
TO D	230 BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Copy of PREMOVAL ISDAY) 2-14-68 (Copy of Copy of	(State)
Pro Contraction of the Contracti	24 FUNERAL DIRECTOR ADDRESS 1 250 REC D BY REG STRAR 256 REGISTRAR'S S GNA	
VR A15ME (5)	GOLDBERGFOWERN LITONE 4217 9TH ST. W. W DATE FEB 16 1968 PCHONED	of Josephia



CPARTMENT OF HEALTH

C. Marce C.



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24. FUNERAL DIRECTOR

causes stated abave, (1) (we) (did) (did not) we with bady after death 22b SIGNATURE M DEGREE

MED. DIRECTOR

22c	DATE SIGNED	
8.	February	1968

(County)

25b. REGISTRAR'S SIGNATURE

(State)

220 ADDRESS The Clinical Center, National Institutes of Health, Bethesda, Md. John W. Keyes NAME (Type) 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION MADISON 250. RECD BY REG STRAR DEEB 2 3 1968

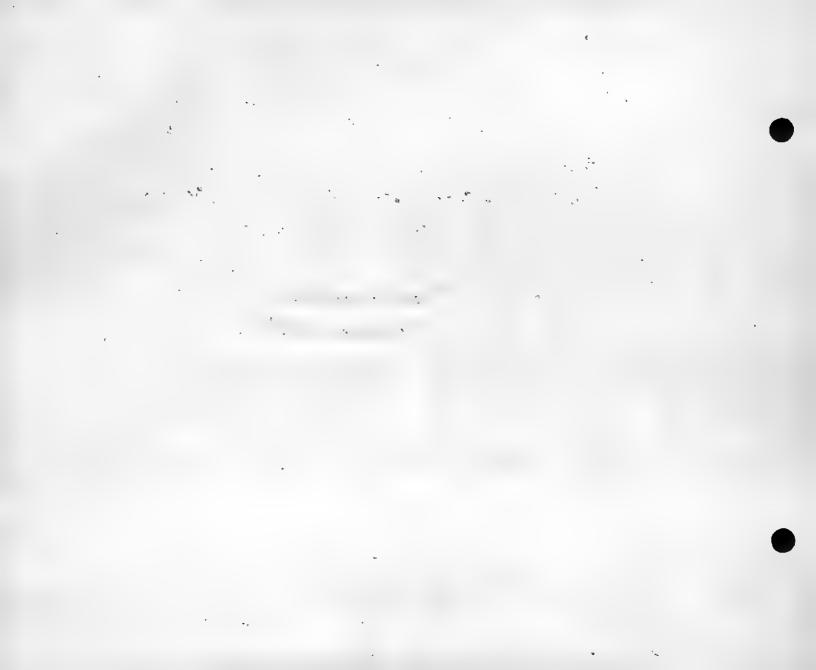
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1. DECEASED-NAME (Type or print) 3. SEX 4 RACE NC 9 P 70. BIRTHPLACE (Stote or foreign country) 10. CITIZEN OF WHAT COUNTRY? 11. NAME OF HOSPITAL OB INSTITUTION (If not un hospitol during myss to of work done libb. 11. SO USUAL RESIDENCE (Where deceased lived, if institution Residence before libb. COUNTY for TOWN libb. COUNTY for the state of work done libb. COUNTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 15. WAS DECEASED EVER IN US ARMED FORES? 16. STREET AND NUMBER 16. AGE (In years in both done) 17. INFORMANT 18. CAUSE OF DEATH 18. CAUSE OF DEATH 18. CAUSE OF DEATH 19. DEATH WAS CAUSED BY: 19. DATE OF OPERATION 19. DATE OF OPERATION 19. COUNTY OF DEATH 19. DATE OF OPERATION 19. COUNTY OF DEATH 19. COUNTY OF DEATH 19. DATE OF OPERATION 19. COUNTY OF DEATH 19. COUNTY OF DEATH 19. COUNTY OF DEATH 19. COUNTY OF DEATH	YPOT 2b. HOUR WERLYEAR IF UNDER 24 HRS. S OAYS HOURS MIN D. KIND OF BUSINESS OR DUSTRY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18 3 or contributing cause of Death 4 HOUR A.M. Month Doy Year (if either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME FARM, STREET FACTORY, 1 21f IOCATION Street or R.F.D. No. City or Town County	8)
21d. INJURY OCCURRED While of work of work of work	inty State
22a. I certify that (I) (this haspital) attended the deceosed fram, 19, 19, 19, and that in (my) (our) opinion death occurred on the date and causes stated abave, (I) (we) (did) (did nat) view the bady ofter death.	_, that (I) (we) la id hour and from th
226 SIGNATURE JAG Doman Med. STAFF DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	IGNED
22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS	
REMOVAL (Specify) 22 111 60 Its and Person of Comments of the	
24 HURRAL DIRECTOR L. SNOWDEN ROCKY, 1/e, 1/d. DATE FEB 15 128 REGISTRAR'S SIGNAT	unty) (Store) Monta Mo

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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2		MARYLAND STATE DEPARTMENT OF HEALTH
FOR CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR_STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month Day Year 2b HOLR
=/a & / 2	,	LAWRENCE ANTHONY HOWARD DEATH MATED 12-28 1968 45
en t	3 5	
8 8 8 E	~	m Cauc 6-14-16 3 MONTHS DAYS HOLES MIN Month 2018 Year 1968 450
Depart	7a.	BIRTHPLACE (State or foreign 75. CHIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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forv forv e us	CERTIFICATION	WAS PERFORMED?
	FRII	21a. EXTERNAL CAUSE WAS 21b. T.ME OF IN. JRY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
= = = =		PRIMARY OR CONTRIBUTING HOUR A.M.
E certification of the certifi	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County State
	-	WHILE NOT WHILE factory, affice building, etc.)
		AT WORK AT WORK
HCAL E. executor. Paged far CTOR: burial,		22a. I certify that I took charge of the remains described above, held on Autopsy 🔲, Inspection 💢, Inquity 💢, and in my apinion
E E E E E		death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined monner
please please directs retaine DIREC		(HIEF MEDICAL EXAMINER
e		ACTUAL SIGNATURE & COLOR SIGNATURE ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED
		EXAMINER'S D. DEPUTY MEDICAL EXAMINER & TO 1919
O DEPUTY necessary, p the funeral of may be re O FUNERAL I Health priat		NAME (Type) DELDEN K. KEAD M.D. ADDRESS TYPES, CITY TOWNS OF COUNTY)
O DI The S m	230	BURIA., CREMATION. 23b. DATE 23c NAME OF CENEURY OR CREMATORY 23d LOCATION (C ty or Town) (County) (State)
		3-2-68 MT. OLIVET NASH. S.C
	24	FUNERAL DIRECTOR 1 ADDRESS 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
VR A15ME (5)	1/2	TOURN FUNERAL HOHE-WASH. S.C. DATE MAR 5 1988 ACLIANCES JUNES
10M REV 1/68	4/1	TIME INTERIOR OF THE PROPERTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .. 281 6 CERTIFICATE OF DEATH Middle I. DECEASED-NAME Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) 4. RACE IF UNDER 1 YEAR 3. SEX S DATE OF BIRTH IF UNDER 24 HRS. AGE (In years last buthday) MONTHS HOURS YRS. 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED 9. COUNTY OF DEATH NEVER MARRIED WIDOWED X DIVORCED [19. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12a USUAL OCCUPAT 12b. KIND OF BUSINESS OR give street oddress) INDUSTRY and campletely remave carbon burial, crematian, ar remaval, and in any event, 130. USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b COUNTY 14. FATHER'S NAME Middle physician ien please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SORIAL SECURITY NO 17. INFORMANT (If yes give war os dates of service) Yes_ne-or unknown) F059-01-8008 Male APPROX MATE INTERVAL attending p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Canditions, if any, which gave rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept, at Health priar ta 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES NO | 4 may be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (1) (this haspital) attended the deceased from FEB 23, 1964, to FEB 25, 1964, that (1) (we) last saw the deceased alive on FEB- 25 _1965, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated abave (1) (we) (did) (die nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED DIRECTOR **DEGREE** PHYS 22d. PHYSICIAN'S NAMF (Type) 22e. ADDRESS Connor oseph J. CLO GEORGETOWN 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION, 23b, DATE 23d. LOCATION (City or Town) (County) New (State) Burlar (Specify) New Rochelle, York 2/28/68 Beechwood 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Kockville Pike 1968 Tyson Wheeler 30M REV 1/68 DATE

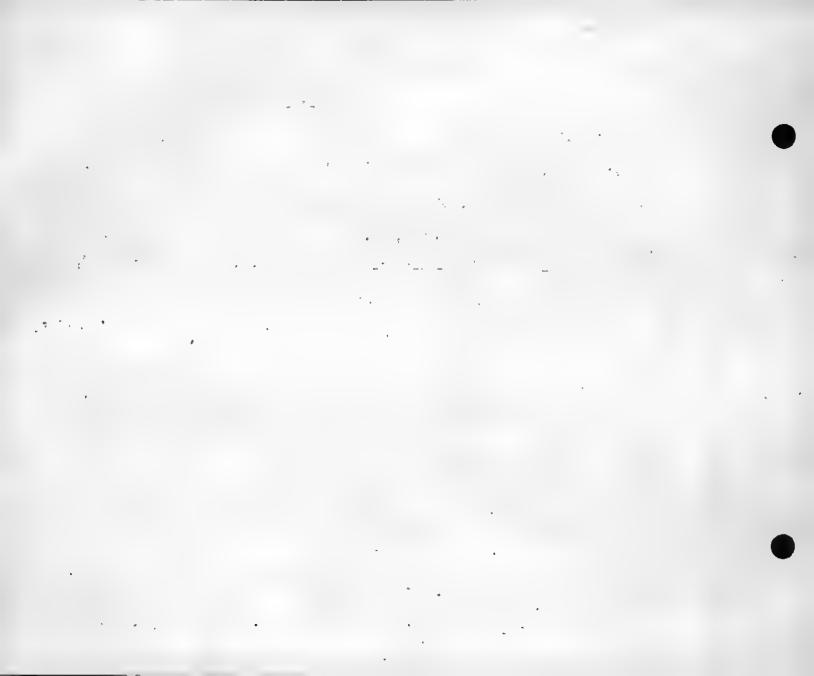


MARYLAND STATE DEPARTMENT OF HEALTH ,2832 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 2818 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle 2o. DATE OF DEATH 2b. HOUR death. burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, cremation, ar removal, and in any event, within 72 haurs after-death (Type or print) Month Doy Yeor he funero OHNS 4. RACE after 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years lost birthdoy) DAYS HOURS FEMALE February 15.1888 AUCASION requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED filled in country) Virginia WIDOWED TO U.S.A. DIVORCED | MONT GOMERY 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
Housewife **INDUSTRY** the attending physician and completely isit permit. Then please remave carban 130 JSJAL RESIDENCE (Where deceased lived, if institution; Residence before \$13c CITY OR TOWN 13d_INSIDE CITY LIMITS? 13e. STREET AND NUMBER (odmission) STATE Virginia 13b. COUNTY Fauguier YES NO 🔙 Bealton 14. FATHER S NAME First Middle Lost 1S MOTHER'S MAIDEN NAME First Middle Phillip J. Brown Emma F. Brown 16b SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) (if yes give wer or dates al service) 578-01-5128D Mrs. Clyde Anderson -Vienna, Va. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any which gove) rise to immediate cause (o) Page 4 may be retained by the hospital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(6) D FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO TO 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I **certify** that (I) (this haspital) attended the deceased from Jeducary 1968, to Geboury 1968, that (I) (we) last saw the deceased alive an Jeducary 1968, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR DEGREE 22e. ADDRESS PHYSICIAN'S 170 GRAZIA NI Hu60 NAME (Type) 10101 GEORGIA 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BUR AL, CREMATION (County) (Stote) REMOVAL (Specify Morrisville Methodist Ch. Samo emova FUNERAL DIR CTO 25o. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68



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			STATE DEPARTMENT OF HEA		
7			01 W. PRESTON STREET, BALTIM	DRE, MARYLAND 21201	2000
(11)			RTIFICATE OF DEATH		2820
funeral 1 ond 4		CEASED-NAME prost William Modele more	Johnson Jr	Pa. DATE OF DEATH Month Day	Z Year Z C-PM
fer fur firer	3. SE		S. DATE OF BIRTH		IF JHOER 1 YEAR F LINDER 24 HRS
Pogs of		M	12-15-1892	last birthday) M 75 YRS.	ON ITS ONES MIN.
	7a E	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED 9.	COUNTY OF DEATH	
4 5 5 5	L	wasit, D.C. US	WIDOWED DIVORCED	Montgomery	Md.
The law requires that the death certificate be executed within 24 hours after death or ottending physicion. The hos been signed by the attending physician and completely fulled in byte funeral use as the burial-transit permit. Then please remove corbon papels. Pages 1 and 2 hours of the death prior to burial, cremotian, or removal, and in any event, within 72 hours ofter death	10. 0	ITY OR TOWN OF DEATH Silver Spring, Md. NAME OF HOSPITAL OR INSTITUTE give street oddress) Color Nursing Home	rution (If not in hospital nial Villa during most	CCUPATION (Kind of work done of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY Schools
od v solete	130	USUAL RESIDENCE (Where deceased lived, if institution, Residence before [1]			
omp omp	aami	11203 Rock Rd. Rockville, Md. Mor	nt. County YES NO		
exe em em	14. F	ATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
be of druger			Sr. Mai	ry A. Sl	nepherd
ificote iysicia i pleas ol, an	16c Y	WAS DECEASED EVER IN U.S. ARMED FORCES? BS, no, or unknown) (If yes give wor or dates of service) 577-09-838		12325 N	ew Hampshire A Spring, Md.
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aff.		PART I. DEATH WAS CAUSED BY.	. Hdeno-carcino	ya,ot p	·Bus Bollo
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lav endi s be as ti	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFO	ORMED 20a. AUTOPSY?	206. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
The off	RTIF		YES NO		
NN: Nor or o		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY TOR CONTRIBUTING TO CAUSE OF DEATH HOUR AM Month Day Year	21c. HOW INJURY OCCURRED (Enter no	ture of injury in Port 1 or Part 2, Ite	m 18.)
Partification of the second se	MEDICAL	(If either, notify medical examiner) P.M. 19			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physicion. TO FUNEARII INRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the buriol-from should be filed with the State Dept, of Health priar to burial, creating the state of the state	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR While of work of work		City or Town	County State
by frer be Stot		22a. I certify that (I) (this hospital) attended the deceosed saw the deceased glive an	from C = 7 2 8 , 196 >	10 /20 22, 196	that (I) (we) last
END Sed Uld The Sthe		causes stated above, (1) (we) (did) (did not) view the bo	Down after death.	n death accurred on the date	e and havr and from the
TA POST	ı	22b. SIGNATURE	011	22c DA	ATE SIGNED
OR Se red v		Stinge to Acel	DEGREE PHYS MED DIRECT	TOR PHYS.	622196P
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O HO Page O FUN shoul	230.	REMOVAL (Specify) No+17 M		Falls Church, Va	(County) (State)
	24	Removal 2=26=1968 1 = 1			
VR A15 (4) 30M REV. 1/68	Jo	FUNERAL DIRECTOR Sons, Inc. 5130 Wis	Ave . N. W. DATE F.B. 2	6 1968 Scharl	as Judges
		"asil."	DAIL - D T		



.. 2835 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH in by the fuheral rs. Pages I and 2. hauts after death 2b. HQU requires that the death certificate be executed within 24 haurs after death. (Type or print) Month Yvonne Marie **JOHNSON** February 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) DAYS Female Caucasian Feb. 22, 1968 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X country) Maryland signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban papers. burial, cremation, ar remaval, and in any event, within 72 h Montgomery USA WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress 1 INDUSTRY Bethesda Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c City OR TOWN 13e STREET AND NUMBER .3d. INSIDE CITY LIMITS? Washington 13b. COUNTY NO [YES 🗔 Vashon Route 1 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Lost Middle Ronald E. Johnson Judith Trene Morgan 16b. SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Washington Yes por or unknown) (If was give war or dates of service) Ronald E. Johnson, Route Vachor CAUSE OF DEATH (Enter only one couse per line for (ο) (b), and (ε).)
 PART I. DEATH WAS CAUSED BY: MASSIVE AMPLIANTE CAUSE (6) ASPIRATION, AMNIONIC FLUIDS. MASSIVE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 90. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO \square O FUNERAL DIRECTOR: After this certificate 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at work 22a | certify that (\$\mathbb{F}\$ (this hospital) attended the deceased from Feb. 22 , 19 68, to Feb. 23 , 19 68 , that (\$\mathbb{A}\$) (we) last saw the deceased alive by Feb. 23 19 68, and that in (my) (controlled on the date and hour and from the causes stated above, (4) (we) (did) (end rest) view the body after death 22b. SIGNATURE 22c. DATE SIGNED MED.
DIRECTOR **ATTENDING** DEGREE PHYS. 22e ADDRESS 22d PHYSICIAN S G.P.SWARTZ. LT. MC. USN NAME (Type) Naval Hospital, Bethesda, Maryland 230 BURIAL, CREMATION,
BUTTAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) Arlington, Va. Arlington National Robert A. Pumphrey Tuneral Home 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 7557 Wisconsin Ave. Bethesda. Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH





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	tal cal		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	Manth Day Year		INDUKT OCCUR	KED TEINGE HOLDS	e an inforty in Fart Far Fa	11 2, 110111	14.)	
	YSIC laspi certi certi certi shed	MEDICAL	(If either, natify medical exam 21d INJURY OCCURRED 21i		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		TION Street a	r R.F.D. Na.	City ar Tawn	Cr	aunty	State
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	ING by the fter se d	L	22a. I certify that (3) (t saw the deceased causes stated above	his haspital) atte	nded the decease	d framJar	uary 20	<u>5 , 1968 , </u>	to February/	., 19_6	28, that 1	(we) last
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	OR DE TO		John W.	Kulos	, X. M	DEGREE	ATTENDING PHYS	☐ MED DIRECTO				y 1968
	TAL AL C		226 PHYSICIAN'S NAME (Type) Tohn	11 1/	(1/2 3/5)		22e ADDRES	The Cli	nical Cente f Health, B	r, Na	tional	1
	NER HEL		//	W. Keyes,			Inst	<u>itutes o</u>	f Health, B	ethes		i
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pages shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, writing.	23		28–68		CEMETERY OR CR			anoke, Virg		Caunty)	(State)
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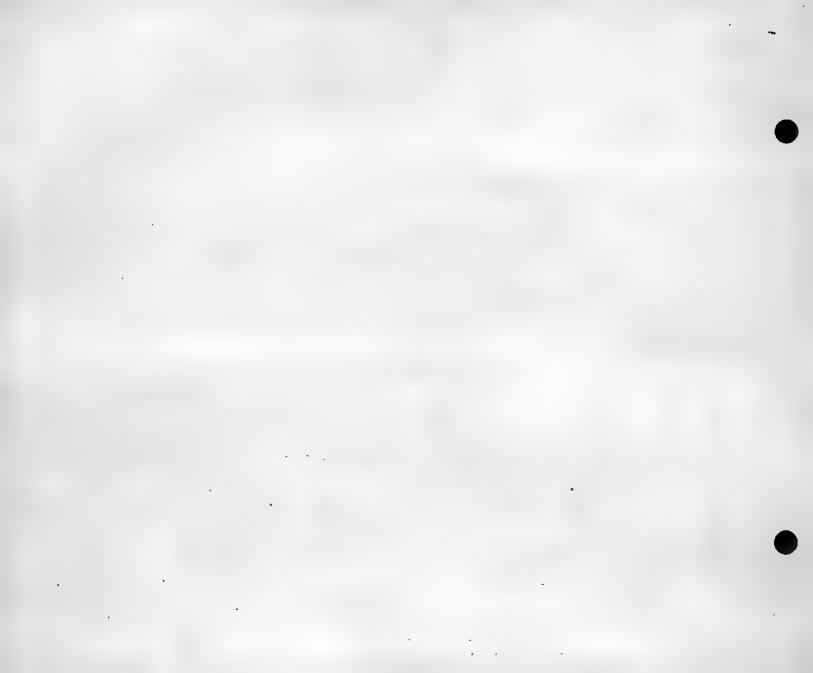


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a. DATE OF DEATH death. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in My MerTunbral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages Wand 2 should be filed with the State Dept. af Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. (Type or pnnt) RES JONES 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF LINDER 1 YEAR offer MONTHS DAYS MALE WHITE 57 requires that the death certificate be executed within 24 haurs 7b CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED MONTEOMERY MIA U.S.A. WIDOWED DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during repst of working life, even if retired) 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136 COUNTY NO NTECHERY ROCKUILLE YES NO! 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First James P. Jones Carrie Wakefield 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, ar unknawn) (If yes give war o 196-09-3784 Helen M. Jones-wife-same item #13 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Conjestire Heart Failure DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if any, which gave) RheumaticValvulitis w/severe aortic rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Stenosis & MetralInsufficiency stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? 206 F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🖂 FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 24, 1967, ta 1967, ta 1967, that (I) (we) last saw the deceased alive an 1967, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE DATE SIGNED STAFF PHYS. DEGREE 22d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) Burial Johnson, Pennsylvania 2 2/14/68 Grandview Cemetery 24 FUNERAL DIRECTOR ADDRESS 31 Rock Pikeso. RECD BY REGISTRAR VR A15 (4) 30M REV, 1/68 Tyson Wheeler Funeral Home Rockville. Md.

MAKYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH	
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 2.24
1	DECEASED-NAME First Middle Lost , 20. DATE KNOWN Month	Doy Yeor 25, HOUR
).	(rype or Print) OF ESTI	5 26 1968 11 5 M
3	SEX 4 RACE S DATE OF BIRTH 6 AGE / VAOIS F UNDER YEAR IF UNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
	MALE W 1-14-68 OST DIPTON MONTHS DAIS HOURS MAY MONTH FEB DOY 26	Year 19 68 1125 M
	O BIRTHPLACE (State or foreign 76 Cit ZEN OF WHAT COUNTRY? 8 MARR ED NEVER MARRIED 9 COUNTY OF DEATH	
(0	DUNTRY) MARYLAND U.S. A WIDOWED DIVORCED MONTGOMERY	Md
10	TITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work no feeting) Reference of the street oddress o	12b KIND OF BUSINESS OR INDUSTRY
_	DETITES A A SUBUR DAD.	MDOSIKS
13	OUR DESIGN STATE MARY LAND 130 COUNTY NOW Agree Before 130 CITY OR TOWN 130 INSIDE CITY LIMITS? 130 STREET AND NUMBER OF SEASON STATE MARY LAND 130 COUNTY NOW Agree Before 130 COUNTY NOW AGREE WILLE. YES NO 717 MONROE	.54
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14	FATHER'S NAME First Middle / Lást IS MOTHER'S MAIDEN NAME First Middle ELmer NELSON JUSTICE JOAN OLIVIA	Collins
16	66 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (M. TOCK) ADDRESS	COLLINS
	(Yes, no, or unknown) (Il yes give wor or dates of service) ELMER NELSON Justice 717 N.	longue 5+
interes.	18 CAUSE OF DEATH (Enter only one cause new line for (a) (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Atelectasis	armiter dater and death
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	Conditions, if any, which gove (b) Obstruction (b) Obstruction	
	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	3 km?
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CFRTHFICAT	WAS PERFORMED?	YES TO NO
MED CAL		
MED	65 4 11 11 11	County State
	WHILE NOT WHILE SO foctory, office building, etc.) 717 Monroe St. Rockistle N	lontsomy. Mel.
	220 I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [and in my apinian
	deoth resulted fram Natural causes 🗹 , Accident 🔼 , Suicide 🔲 , Homicide 🔲 , Undetermined manner	
	ACTUAL OL & B-P1 CHIEF MEDICAL EXAMINER (2) DATI	
	CICALATURE ASS STANT MEDICAL EXAMINER 1	27,1968
	EXAMINER'S John G. Ball DEPUTY MED CAL EXAMINER ADDRESS (Street, city, town, or county)	21/1100
2	230 BUR AL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	({ounty) (State)
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3	24 FUNERAL DIRECTOR Funeral Home-1331 och ville Pike 250 RECTO BY REGISTRAR 250. RECTO BY RECTO	SIGNATURE
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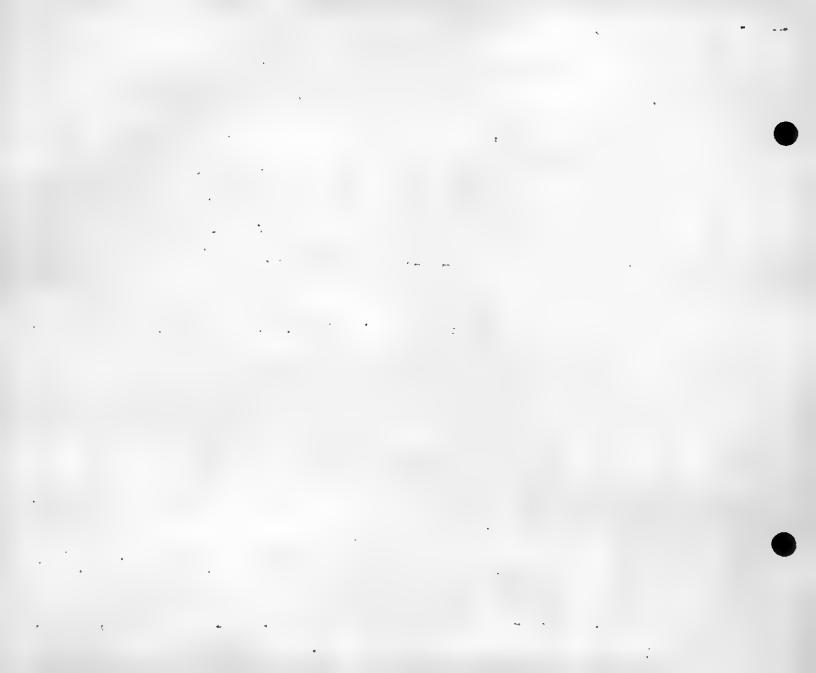
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24 hours after deoth of the by the trumed by	3. 30	MALE	WHITE	OCT 15, 188	6. AGE (In years last pirthday) 80 9/6 YRS.	MONTHS DAYS HOURS MIN.
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e exe	14. [ATHER'S NAME FIRST	Middle Lost KAUFMAN	15. MOTHER'S MAIDEN NAME I		Lost
e b ase ndi	160	WAS DECEASED EVER IN U.S. ARM		10 17 INFORMANT		1757 WEST
equires that the death certificate be exphysician. signed by the attending physician and burial-transit permit. Then please remburiol, cremation, or removal, and in an		es, no, or unknown) (If yes give w	or or dates afservice) 2/5-38-62		DAU HGY. SIL	.SP. 170-
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O HOS Page 4 O FUN direct	230.	BURIAL, CREMATION, 23b. REMOVAL (Specify)		CEMETERY OR CREMATORY SHOLOM-CEME	23d. LOCATION (City or Town)	(County) (Stote)
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30	네 ㅠ.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
. /	T.	tems 23a,b,c, %d Film G398 2/28/6 CERTIFICATE OF DEATH
= -		ECEASED-NAME First Middle Lost 2a. DATE DF DEATH 2b. HDUR
ed to	(TERRY MYER JR. KENDALL FERRUARY Day 1968 1:50 pm
	3 5	5. DATE OF BIRTH 6. AGE (In years I Funder 14 FAR IF UNDER 24 HRS.
\$ \$ \$ \$		MALE CANCASIAN 5-01-05 last birthday) MONTHS DAYS HOURS MAIN
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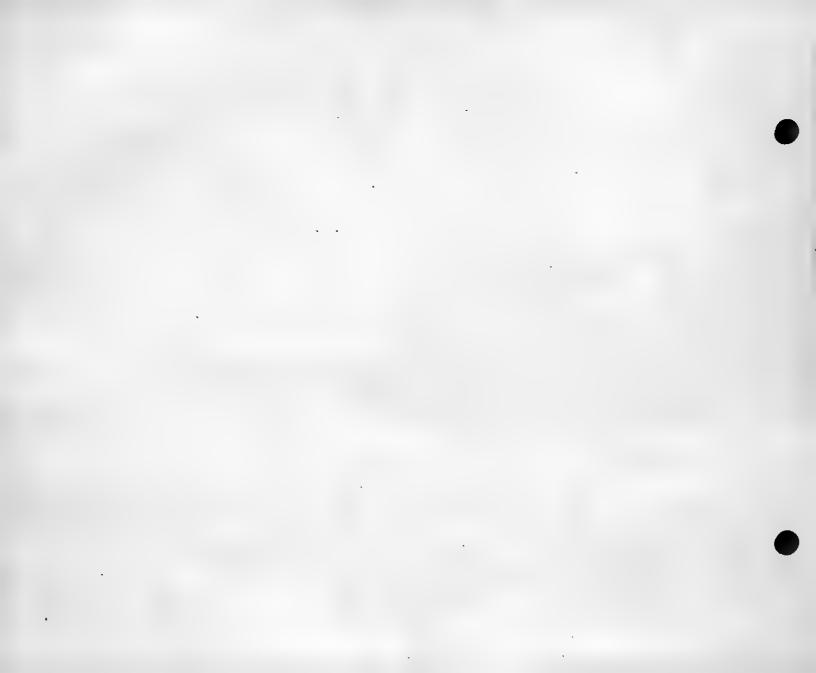
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VR A15 (4) 30M REV 1/68	12	FUNERAL DIRECTOR Palply in martin ADDRESSY029 Pennaggo, RECOBBREGISTRAR 1968. REGISTRARS	The property



MAKYLAND STATE DEPARTMENT OF HEALTH



74 1		MARYLAND STATE DEPARTMENT OF HEALTH	
′ ′	П	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	, / h
FOR STATE		MEDICAL EXAMINEN 5 CENTIFICATE OF DEATH	w (3 d 1.
HEALTH'DEPT.	1 D	First Middle Cost OF ESTI-	Day Year 2b HOUR
≅ \$ \$√ [5]		1 jarman Dassette DEATH MATED _ + +	8 1965 28 M
d and	3 51	X 4 RACE S DATE OF BIRTH 6 AGE to years F UNDER 1 YEAR 6 UNDER 24 HRS 20 DATE PROMOTENCED DEAD	2d HOUR
ny delay 2, and 3 PM3 Pp		1) W 1-18/28 39 YRS 7-10- 8	Year 19682 RM
	7o I	SIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Ss 1	coun	try) W. Va U. S. A. W DOWED DIVORCED Montam	ercy Md.
ath age th	10. 0	ITY OR TOWN OF DEATH IN NAME OF HOSPITAL OR INSTITUT ON (If not in haspital 12a LSLAL OCCUPATION (Kind at work dane	12b KIND OF BUSINESS OR
Give Pages 1 ang with farm ith the State path		BETHESDA give street oddress) SUBURBAN during most of working life, even if retired)	industry
s after 18. Giv alang 2 with death		USUAL RES DENCE (Where deceased lived, finishtution Residence before 13c CITY OR TOWN 13d ANSIDE CITY DMITS? 13e STREET AND NUMBER	
18. 18. 2 w de	01	Amission) STATE . C 13b. COUNTY WASHINGTON YES NO 717A ST.	5. E
hours after death tem 18. Give Pages Office along with fail and 2 with the State	14. F	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
24 in th is 0 is 1 is 0		Eugene LASSITER Lilymae HONAK	ER
hin 24 ned in nener's pages haurs		WAS DECEASED EVER IN VS ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS es, no, or upknown) (If yes give war or dotes of service)	
with per per Exam File p		MARY LASSITER - WIFE	
INER: This certificate should be executed within 24 hours after death to certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages land 2 with the State be action, ar removal, and in any event with n 72 hours after death	1	18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).)	APPROXIMATE INTERVA BETWEEN ONSET AND DEATH
ecut ing' ing' ermi		PART DEATH WAS CAUSED BY MAUIT: Ple - Injuries. Severe.	5 km.
exi end mir p		DUE TO, OR AS A CONSEQUENCE OF	
be be line line line line line line line lin		Canditions, if any, which gave reset to the set a m med are cause (a), (b) Truch - from being run over by Truch -) hr.
ruld rard re C al-tr		stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF	
shauld be executed to ward "pending" is to the Chief Medical burial-transit permit.		lost. (c)	
ICAL EXAMINER: This certificate shauld be execute the certificate, writing the ward far. Page 4 shauld be forwarded to the Cled far your files. CTOR: Page 3 shauld be used as a burial-truburial, cremation, ar removal, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
t.fica iting arded arded arded	NO	[] L W	Ton Auronous
INER: This cert. c certificate, writ should be forwar files. 3 should be used astion, ar remova	CERTIFICAT	196 DATE OF OPERATION 196 COND TON FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This cate be r re	ERTIF	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manin, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, In	YES NO
	AL CI	PRIMARY X OR CONTRIBUTING HOUR A.M. 7 2 4 16 16	
NER cer haul haul illes. sha	MEDICAL		County State
the the 4 sh our fill our fill our fill	-	fortory office building etc)	
se execute the cert set execute the cert extor. Page 4 shauk ned far yaur files. RECTOR: Page 3 shau burial, cremation,			hant gomer's Mil
AL E exect r. Po l far fok: urial,		220. I certify that I took charge of the remains described above, held an Autopsy 💢, Inspection 💢, Inquiry 🗵	
blease experienced direction. Strained DIRECTO or to buy		death resulted from. Natural causes 🔲 , Accident 💢 , Suicide 🗍 , Hamicide 🔲 , Undetermined manner	
please e l'director retained L'DIRECT		ACTUAL CHIEF MEDICAL EXAMINER (22b. DATE ASSISTANT MEDICAL EXAMINER (22b. DATE	FICHER
JTY, ple erol d. be reft RAL DI prior		SIGNATURE	3-8, 1968
DEPL DEPL DE fun may FUNE		EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	0 011110
o DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far yaur o FUNERAL DIRECTOR: Page Health prior to burial, crem	230	BLRIAL (REMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
E E	230	REMOVA. (Spec fy)	
	24		W. Va.
VR A15ME (5)		Lee Funeral Home	, 4
10M REV 1/68	L	Washington, D. C. DATE FED 13 (C)	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 7a, 16a & 17 Film G397 2/19CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH DECEASED NAME First 2b. HOUR (Type or print) 4 RACE DATE OF BIRTH IF UNDER I YEAR IF JNDER 24 HRS 3 SEX 6. AGE (In years last bythday) DAYS HOURS MONTHS 24.hours 9 COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? Florida DIVORCED [WAYCROSS KITCHELL WIDOWED T WithT 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed withinduring mast of working life, eyen if retired.), give street address) burial, cremotion, or removal, and in any event, 130. USEA. RESIDENCE (Where deceased lived, if institution: Residence before, 13c CITY OR TOWN 13e. STREET AND NUMBER T3d. INSIDE CITY LIMITS? 13b. COUNTY YES 図 Wushington 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First gug 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ha, ar unknawn) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the burial-transit Conditions, if ony, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 20b. 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES F Page 4 may be retained or Puneral DIRECTOR: After this certificate of FUNERAL DIRECTOR: After this certificate of Funeral be detached for us 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, not fy medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town Caunty While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from Feb. 2 , 1968 to Feb. 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive an Italy causes stated abave, (I) (we) (did) (did-net) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** DIRECTOR PHYS 22ď. PHYŠÍCIAN'S 22e. ADDRESS NAME (Type) 23d toCAT ON (City or Town) 23c. NAME OF CEMETERY OR CREMATORY Md (State) 23b, DATE (County) 230 BURIAL, CREMATION, REMOVAL (Specify)
Cremation Cedar Hill Crematory 2 M 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Joseph Gawler's Sons. Inc. Ave. VR A15 (4) 30M REV 1/68 DATE





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1-		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	9909
(X)		□2849 CERTIFICATE OF DEATH	02834
£ _2£X		ECEASED NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
er deoth funerol l and t	1	Type or print) BESSIE, L. Lawson Flebuary Day	Year D 23 M
fun 1	3 \$1	EX 4. RACE 5 DATE OF BIRTH 6. AGE 166 years 1 Fun	DER I YEAR IF JINDER 24 HRS.
# 2 % # # # # # # # # # # # # # # # # # # #		F NEGRO, May 1, 1895 lost sighday) YRS MONTH	S DAYS HOURS MIN.
= FS E	70	SIRTHPLACE (Stole or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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affin Ny fil Nithin	10	nive street address)	IDUSTRY
orbo	120	USUAL RESIDENCE (Where deceded lived, if Institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY DIMITS? 13e STREET AND NUMBER	
mple co	adm	ission) STATE MY. 136 COUNTY OF THE STREET NO 905- FOR I SAME AND NOMBER	1 P. 1
con con ye			o Road
requires that the death certificate be executed within 24 Flours ofter death g physician. I signed by the attending physician and completely filled in brethe funeral e burial-transit permit. Then please remove carbon papers. Pages 1 and 2 a burial-transit and 2 not 3 n	14 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MARME First Middle	Last
ate Icion leas		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address	
hific hys		(8s, na, ar unknown) (If yes give war or dates of service)	
cer g p The		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
ath indiana reserve	ı	PART! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INAN(17/04)	2-3 WEEKS
de de		DUE TO, OR AS A CONSEQUENCE OF	J JOER J
the a	ı	Conditions, if any, which gave) (b) 17 FTASTATIC ADENOCARCINOISA (c) 17 FTASTATIC ADENOCARCINOISA	3 MONTHS
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din din	8	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDER	EDED IN CEDTIEVING
os l pri	CERTIFICATION	YES NO TO CAUSES OF DEATH?	inco in canin into
r Transcription of the house of		210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 3 ar Port 2, Item 1	91
fical of Fer He		GREATRIBITING GREATH HOUR AM Month Day Year	0)
SSPIN SPIN SPIN SPIN SPIN SPIN SPIN SPIN	MEDICAL	(If either, natify medical examiner) P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.), 21f, LOCATION Street or R.F.D. Na. City or Town Cou	inty State
PHYSICIAN: The law ne hospital or attendin this certificate hos bee etoched for use os th . Dept of Health prior t	-	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) While at work 21f. LOCATION Street or R.F.D. Na. City or Town Country Coun	uilà 21016
ING Py fi		220. I certify that (I) (this haspital) attended the deceased from 116, 1968, to 277, 1968	, that (I) (we) lost
A P P P P P P P P P P P P P P P P P P P		220. I certify that (I) (this haspital) attended the deceased from 1968, to 1968, to 1968, to 1968, and that in (my) (our) opinion death accurred an the date are	id hour and fram the
Soil Soil		causes stoted obave, (1) (we) (did not) view the body offer deoth.	1-
R A A SECTION WITH WITH WITH WITH WITH WITH WITH WITH	1	226. SIGNATURE HS	IGNED
		22d. PHYSICIAN S 22e ADDRESS 2	1168
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Flours ofter a Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in beathefundirector, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers, Pages 1 should be filled with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after.	L	NAME (Type) 1131 UNIV, BLVB. W. S.S	. 170. 20902
Joseph Period	230.	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	unty) (State)
0 P P P P P P P P P P P P P P P P P P P		REMOVAL Specify Danville, Va.	
	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250 REGISTRAR S SIGNA	TURE 1) LARCE
VR A15 (4) 30M REV 1/68	1	Love K. Michael Kacker Co. DATE FEB 15 1853 FCCON	40



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02835 DECEASED-NAME First Middle Last 2a. OATE OF OEATH 2b. HOUR and ? (Type or print) Month DIE Day 3 MENK 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER YEAR IF UNDER 24 HRS O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Ly director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages I should be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any eyent, within 72 hours after offe last birthday) DAYS ĝ White MALE YRS. 9. COUNTY OF DEATH 24 haus 7a. BIRTHPEACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [WIDOWED [10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within INDUSTRY TRANS give street address md. 13c CITY OR TOWN 13a USUAL RESIDENCE (Where deceased lived if institution Residence before 13e STREET AND NUMBER 13d INSIDE CITY EIMITS? 13b. COUNTY 2713 14 FATHER 5 NAME M.ddle IS MOTHERS MA.DEN NAME First 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (If yes give war or dates of service) Yes, no, of unknown) -10-8121 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for/(a), (b), and (d) BETWEEN ONSET AND DEATH PART & DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Candifians, if any, which gave) rise ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE-OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f. LOCATION Street or R.F.O. No. 21d. INJURY OCCURRED State City or Town County While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from (1) at 1962, to 1, 1960, that (I) (see) last saw the deceased alive on 1, 23, 1960, and that in (my) (see) opinion death occurred on the date and hour and from the saw the deceased alive on 23, 1968, and that causes stoted abave, (I) (we) (did) (distrest) view the body after death. 22b. SIGNATURE 22c DATE SIGNED STAFF PHYS DIRECTOR PHYS 22e. AOORESS PHYSICIAN S NAME (Type) LOCATION (City or Town) 23b. DATE CREMATORY (State) BUR AL CREMATION 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/681

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02835 CERTIFICATE OF DEATH 2a DATE OF DEATH 2b. HOUR Last DECEASED-NAME First Middle LEE Month (Type or print) KET WON February IF UNDER YEAR IF LINDER 24 HRS. 4. RACE S DATE OF BIRTH 6 AGE (In years after 3. SEX last birthday) DAYS HOURS 12/15/15 Male Oriental in by m requires that the death certificate be executed within 24 haus 9. COUNTY OF DEATH B. MARRIED (X) NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or fore.gn country) Korea USA Montgomery DIVORCED T WIDOWED [campletely filled in nave carban paper burial, cremation, or remayal, and in any event, within 72 126 KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH give street oddress) Holy Cross Hosp. during most of working life, even if retired) Silver Spring 13a USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13rd. INSIDE CITY LIMITS? 13b COUNT Montgy. admission) STATEMaryland YES X Sil. Spr. NO 1906 Evans Pkwy Middle 1S MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Lee Pyung Hun the attending physician sit permit. Then please Address 1906 Evans Pkwy. 17 INFORMANT Wife, 166. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) Oh Bong Lee Sil. pr. .Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o, AUTOPSY? CAUSES OF DEATH? YES 🔲 NO IX 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 216 TIME OF INJURY OR CONTRIBUTING TO CAUSE OF GEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d INJURY OCCURRED City or Town County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 1549 2/2, 1964, ta 24, 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (out) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (hd) (did not) view the bady after death. 22b SIGNATION 22c DATE SIGNED ATTENDING MED. DIRECTOR 171 DEGREE PHYS 22e ADDRESS W. Kirke St. Chevy hase, Md. 22d. PHYSICIAN S Orville W. Donnelly, M.D. NAME (Type) 23d LOCATION (City or Town) (Stote) 23c. NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL CREMATION 23b. DATE Washington, D.C. 2-13-68 BREMOVAL (Specify) Rock Creek Cem. ADDRESS 2Sq. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 Home - Washington, D.C. DATE FEB 15 De Vol Funeral

MAKTLAND STATE DEPARTMENT OF HEALTH



- 1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
at planting		F	- NATION OF ALL RECORDS	CERTIFICATE OF DEATH	IIMOKE, MAKTLAND ZIZUI	4837
1 2 22	1. D	CEASED-NAME First	Middle		2a. DATE OF DEATH	, 2b, HQUR
death.		Ype or print) EMMA	М.	LEMCEY	Month Doy	Year 55
- (3E-6)	3. SI		4 RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER YEAR OF UNDER 24 HRS.
24 haurs after d in by metal	~	Felmale	white	12/22/93	last birthday) YRS.	NDNTHS DAYS HOURS ALN
by P	70. 1	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
24 ho d in pers. 72 h	tuoi	PA:	U, S.	WIDOWED DIVORCED	Montgomer	Y Md
	10. (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I	NSTITUTION (If not in haspital 12a USU	At OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
· () () () () () () () () () (LS	ilver Sprin	1110 Holy Cross	Hosp.	ost of working life, even if retired)	industri
ompe even		JSUAL RESIDENCE (Whire deceases spin) STATE	ed lived, if institution. Residence before 131-COUNTY		13e. STREET AND NUMBER 214 UNIVERSITY	Rus EAST
exe any any	14	ATHER'S NAME First	/Middle Last	15. MOTHER'S MAIDEN NAME	First) Middle	Last
ate be exe ician and a lease rema and in any	L	DAVID LINDSEY		CLARINDA 1	TOTE	
raw requires that the death certificate be executed within rading physician. Deen signed by the attending physician and campletely tills the burial-transit permit. Then please remave tarbon potent a burial, crematian, or remaval, and in any event, within		WAS DECEASED EVER IN U.S. ARN es, no, prunknown) (11 yes give w	AED FORCES? or or dates of service) 206-07-	4541 ITOSP REC	OP DS S VIRGINIALE	MEY Babods
eath certific anding phys nit. Then p or remaval,		18 CAUSE OF DEATH (Enter on	ly ane cause per line for (a), (b), and (a)) / ~ //	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death ce s attending p permit. The		PART I. DEATH WAS CAUSEE	O BY. ATE CAUSE (0) CONGE	Stive Heart F.	orture	
afte perm on,		4129	DUE TO, OR AS A CONSEQUENCE O	F (A) die	11/1 D 22.	
that the d an. by the atte rransit perr crematian,		Canditians, if any, which gave a rise to immediate cause (a),	(b) acter	10-Selenotie	C-V bles lase.	
s that to cian. d by the transit		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F		
equires tha physician. signed by burial-tran burial, crer		DART 2 OTHER SIGNISISANT CON	(c)	NOT RELATED TO THE TERMINAL DISEASE OR	COMBINION CONTRIBUTION AND 1/2	
reque plus plus program signature pour program a program	١.	LA A LE VE	1 ACCIONAL DE LA SULLA LA	NOT RELATED TO THE TERMINAL DISEASE ORT	CONDITION GIVEN IN PART I(a)	
The law ratending has been se as the h priarta		MODE - F B-C I	CONDITION FOR WHICH OPERATION WAS F	ERFORMED 200. AUTOPSY?	20b IF YES, WERE FINDINGS CON	NSIDERED IN CERTIFYING
: The law r or attending e has been use as the alth priar ta	CERTIFICATION			YES NO	CAUSES OF DEATH?	
2 5 5 5		21 a. ACCIDENT WAS UNDERLYIN DR CONTRIBUTING CAUSE OF DEAT		21c. HOW INJURY OCCURRED (Ente	r noture of injury in Part 1 or Part 2, Ite	m 18.}
STCLy spite spite ed f	MEDICAL	(If either, notify medical examin	ner) P.M.	19		
NING PHYSICIAN: by the hospital or ffer this certificate be defacthed far to State Dept. af Hea	*		PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY) 21f. LOCATION Street or R FD No	i. City ar Town	County Stote
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D - 4 - 1		saw the deceased a	is hospital) attended the deceo live an (2) 1.7 , (I) (we) (did) (did not) view the	19 68, and that in (my) (get) ap	inion death accurred an the date	e ond hour ond from the
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TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: directar, page 3 shauld shauld be filed with the		22d. PHYSICIAN'S NAME (Type) Rober	t Kramer	22e. ADDRESS 84	84 16# ST.	55.Nd
HO: FUN irect	23a	BURIAL, CREMATION, 23b. I	DATE 234 NAME O	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	22	FUNERAL DIRECTOR	FEB 1968 GATEO	HEAVEN CEMETERY	SILVER PRINC!	ZA.
VR A15 (4) 3) 30M REV. 1/68	12	TOWARD DIRECTOR	THE THE CANDINGS	2001	0 0 1000 1877 cm	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Opdo PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY h COUNTY Maryland Montgomery MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town) nit. Then please remove carbon papers. 20g or removal, and in ony event, within 72 hours write RURAL and give nearest town) requires that the death certificate be executed within 24 hauge-Bothesda Bethesda vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e IS RESIDENCE ON A FARM? Burning Tree Rd. YES No. NAME OF DATE OF Doy Yeor DECEASED (Type or print) DEATH b SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED birthdoy) Months Doys Hours 1883 WIDOWED 5 DIVORCED Jan. 10b KIND OF BUSINESS OR 100 JSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT ottending physician coermit. Then please during most of working life, even if retired) INDUSTRY COUNTRY? OLe) A 115 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David J. Lewis Catherine Mickell Son IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Same as Item 2. (Yes_po, or unknown) (If yes give wor or dotes of service) -03 -4856A signed by the often buriol-transit permi buriol, cremation, or Dr. Thomas H. Lewis CAUSE OF DEATH (Enter only one couse per line jer.(o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) by the hospital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse hos been see as the left the prior taken ATTENDING PHYSICIAN: The law lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? of Health NO-J certificate 200 ACCIDENT WAS UNDERLYING [13] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour o.m foctory, street, office blda. etc.) Not While O FUNERAL DIRECTOR: After at work 21. I certify that (I) (this haspital) attended the deceased from 1966 to 7 dr 3 19 C that (1) (we) last be retained director, page 3 should should be filed with the 19 6 8, and that death occurred at 200 M from causes and an the date stated above. saw the deceased alive an Fut 6 22o. SIGNATURE DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS 22c PHYSICIAN'S 22d O HOSPITAL NAME (Type) NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) (Stote) Burlal (Specify) 2-12-68 Washelli Cemetery Washington Seattle. 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR VR A15 (4) 25M 1/67 PUMPHREY, Bethesda, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .2853 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20 DATE OF DEATH First 24 haurs after death (Type or pont) GARNETT Month LOEFFLER Feb. 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR White lost birthdoy) Male Jan. 10, 1885 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Montgomery WIDOWED R DIVORCED [7] Wash D. C. U. 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.)
Retired- Acct. give street oddress) Suburban Hospital INDUSTRY signed by the attending physician and completely to burial-transit permit. Then please remave carban burial, crematian, or remaval, and in any event, with Bethesda Gov't 13b. USJAL RESIDENCE (Where deceosed lived, if institution Residence before 13c (ITY OR TOWN odmission) STATE 13b COUNTY Washingto 13e STREET AND NUMBER Washington 3220 Morrison St. N.W. 14 FATHER S NAME Middle 15. MOTHER 5 MAIDEN NAME First Middle Charles D. A. Loeffler Louisa Brown 10116 Ashwood Dr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Daughter (If yes give war or dates of service) 578-01-5203 Yes, no, or unknown) Kensington, Md. L.Kiesel IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), on (i)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the attending burial-transit Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(o) TO FUNERAL DIRECTOR: After this certificate has been ‡ 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES SET 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item IB.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify med col exominer) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at work 22a 1 certify that (I) (this haspital) attended the deceased from 1959, to 1959, to 1968, that (I) (we) last sow the deceased alive on 1968, and that in (my) (aur) apinion death accurred on the date and haur and from the couses stated abave, (1) (we) (did) (did set) view the body ofter death. 22c DATE SIGNED 22b. SIGNATURE MED.
DIRECTOR ATTENDING 2-7-68 22e. ADDRESS 4429 Bradley Lane 22d. PHYSICIAN S N. COALE NAME (Type) ROBERT Chevy Chase, Maryland 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (State) (County) 23o BUR AL, CREMATION, Burial Congressional Cem. Washington, D. C. 2-9-68 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) ROBERT A. PUMPHREY, Bethesda, Maryland 30M REV 1/68

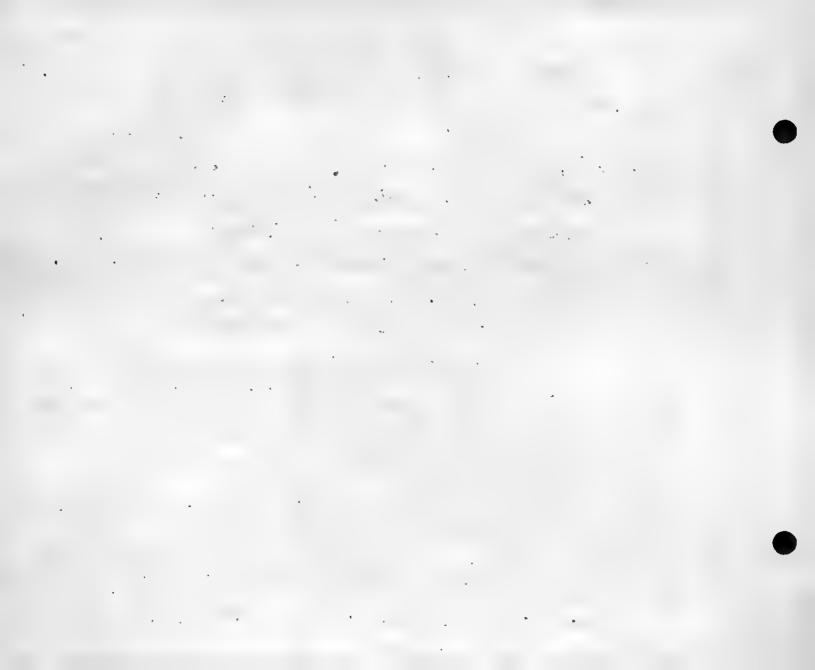


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .28 213 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HQUR 16 10 (Type or print) Mere b Deg 1⁹968 Marvin Long James S. DATE OF BIRTH 2/24/1 3. SEX A. RACE 6 AGE (In years IF UNDER 1 YEAR HE JINDER 24 HRS 24 haurs after last birthday) White DAYS Male HOHES YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED IX NEVER MARRIED filled in country) Montgomery WIDOWED [DIVORCED [USA Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within 3 shauld be detached far use as the burial-transit permit. Then please remove carbon t wit¶ the State D∎pt. af ⊪ealth prior ta burial, crematian, ar removal, and in any event, with Silver Spring give street address) Holy Cross the attending physician and campletely to sit permit. Then please remove carbon 130. USJAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN 13d INSIDE CITY UM.TS? 13e STREET AND NUMBER Co. odmission) STATE 13b. COUNTY 13420 Cleveland Dr. Rck. Montgomerty 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle First Last Buckingham Margaret NMI NMI Long Chaunev 17 INFORMANT WITE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no. or unknown) (If yes give war or dates of service) as Item 13. Same Helen Long WINT TI Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES N NO [FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING. 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 21d INJURY OCCURRED (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City of Town State County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 1967, ta 3, 1967, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinion death accurred an the date and hour and from the director, page 3 shauld shall be film with the causes stated abave. (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 23o. BURJAL CREMATION (County) REMOVAL (Specify) Rockville. Marvland Parklawn Cemeterv 24 FUNERAL DIRECTOR VR A15 (4) Bethesda, Maryland 30M REV 1/68

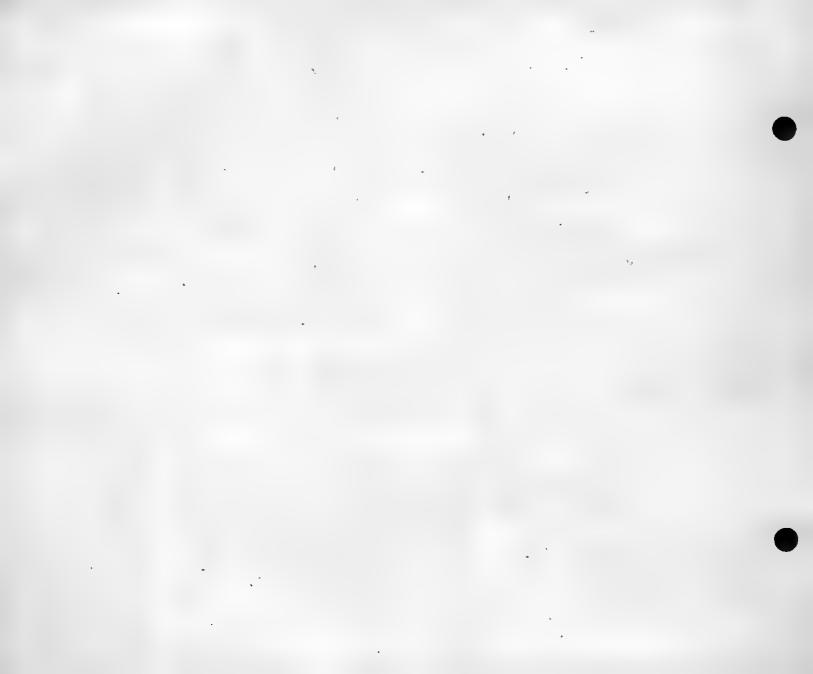




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ate iciar leas onc		WAS DECEASED EVER IN U.S. ARA		NO 17 INFORMANT	Address	
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ot the deoth cer the attending p rsi permit. The mation, or remo	L	PART I. DEATH WAS CAUSE	O BY. TE CAUSE (a) anterior	1 L mt "	a Marcapalial Inlie	
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or or solition	89	210 ACCIDENT WAS UNDERLYIN			RRED (Enter nature of injury in Port 1 or Port 2, It	tem 18.)
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PHYSICIAN: The hospital or this certificate letached for use Dept. of Health	EM.	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FA	9 21f. LOCATION Street of	or R F.D. No. City or Town	County State
PH le h	ı	While Not while at work	OFFICE BUILDING, ETC	/		,
NG the part of the	ı	22a. I certify that (I)/(th	is haspital) attended the deceas	ed from == +2	19.68: to 2 - 9 19	68: that/(I) (we) last
d b d b d b d b d b e St	ı	saw the deceased a	live an 3 - 9	1968, and that ir (my)	, 19_68°, ta2 — 9, 19_ (aur) apinian death accurred on the dat	te and haur and from the
ATTENDING etoined by If CTOR: After i should be d		causes stated abave	(I) (we) (did) (did nat) view the	bady after death	<u> </u>	
Water State of the		22b. SIGNATURE	DU.	ATTENDING	MED STAFF 22c D	DATE SIGNED/
OR be r be	ı	Clan	(Shair)	DEGREE PHYS		19168
TAI AI Poor	1	22d PHYSICIAN'S NAME (Type) A L	in R. Gair	M 22e. ADDRE	1 M = 6 14 Aug 1 = 1=	Park MI
Page 4 may be retained by the hospital or ottending physicion. 7. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove carb should be to state Dept. of Health prior to burial, cremation, or removal, and in any event,				Y D, 7777		
HO dge dge FU	230	BURIAL, CREMATION, 23b REMOVAL (Specify)		CEMETERY OR CREMATORY	23d 10CATION (City of Town)	(County) (State)
24 27 %	04			GTON NAT CEM		RGINIA
VR A15 [4] 30M REV 1/68		FUNERAL DIRECTOR	ADDRESS		So REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE Edictoria
SOM KEY 1/08	L	Er F.H., 500	4th St N.E., V	rasil, D.Y.	DATE FEB 1 3 1200	Was also



1 1	MAKYLANU STATE DEPAKTMENT OF MEALTH	
FOD CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	32843
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALIN WERL	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy OF ESTI 27	
S 5 8 9	(TYPE OF PRINT) JACOB M LUTZ DEATH MATED & 2 24	
deloy	3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years 15 UNDER 24 HRS 2c DATE PRONOUNCED DEAD Inst purhday) MONTHS DAYS HOURS MUR. Month	Year / O O 19/
7 A A	W 3-24-08 34 YRS 2 26	Year 1968 81% M
- 1 - 3 - 3 - 1 - 3 - 3 - 3 - 3 - 3 - 3	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED 9 COUNTY OF DEATH SOUNTRY 1	
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offer death S. Give Pages olong with for with the State	during most of working ife even if retired.) INDU	KIND OF BUSINESS OR
	TAKOMA TAKK WASH, SAN & HOSP SCIENTIST	
s offer 18. Give olong with the death.	130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c. CITY OR TOWN odmission) STATE OF 13b COUNTY CARD ADEL BY YES NO 2007 H	
1 18 ce	PRINCE GED ADELMIT NO MODEL AND ACCOUNTS	1V E.
hours Item 18 Office (14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
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d be executed within 24 d'penaing" in penail in Chief Medicol Examiner's transit permit. File pages y event within 72 hours	The Control of the Security No The Security	
f with n per Exam File	140 SALLE	APPROX MATE INTERVAL
ecuted ing" in edicol E ermit. F within	18 CAUSE OF DEATH (Enter only one couse per line to (b), and (c)).	BETWEEN ONSET AND DEATH
executed individual in	IMMEDIATE CAUSE (o) TOTALE CO CONTROL OF CELEBOOK	
be execute "penaing" ilet Medicol ansit permit	DUE TO, OR AS A CONSEQUENCE OF	4 0
thie rans	rise to immediate couse (o). (b) Williewsclerolic Heart Alle	ne
shauld be en word "per to the Chief buriol-transit	Stoling the underly ng couse DUE TO, OR AS A CONSEQUENCE OF	
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	WAS PERFORMED?	YES YES NO
	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of Injury in Port 1 or Port 2, Item 1	
# 7 9 0	PRIMARY OR CONTRIBUTING HOUR A.M	0)
NER: certifi hould iles. shoulc	PRIMARY OF CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home form, street, 21f LOCATION Street or R.F.D. No City or Town Co	ounty Stote
(AMINER: e the certi e 4 should our files. oge 3 shou	WHILE ONT WHILE foctory, office building, etc.)	31016
	AT WORK L. AT WORK L.	
Al For for Line	22a. I certify that took charge of the remains described above, held on Autopsy Inspection Inquiry	and in my opinion
se eschol	death resulted from: Natural causes (Accident), Suicide (), Hamicide (), Undefermined manner ()	
please e la director retained or to bu	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	IFO.
	SIGNATURE ASSISTANT MEDICAL EXAMINER	1010
	EXAMINER'S BOLD OF THE STATE OF	5/1968
necesson the function of the f	NAME (Type) DELDEN (See 17) 4, ADDRESS (SEE TRY) ADDRESS (SEE TRY) ADDRESS (SEE TRY)	6. "
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	PEMOVAL (Sparity)	urfty) (Stote)
N.	Burial Feb. 28, 1968 Mount Lebanon Cemetery Hyattsville, Mar 24 FUNERA DIRECTOR Domald M Stein Hebroch DORESS 232, Carrol 7, 750. REC BY REGISTRAR 256 REG. STRARS SIGN	
VR A15ME [5]	DOMINICA IN DECEMBER HEDELOW BOD OULLOVA	
10M REV 1/68 _	Memorial Funeral Home St., N. W. Wash., D. ONFEB 29 1968	1 8



15 1	MAKTEAND STATE DEPARTMENT OF HEALTH OF CONTROL DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH **2844
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 2a DATE KNOWN Month Day Year 2b HOUR
S 5 8 4 1€	(Type or Print) William Thomas Lydon DEATH MATED 2-17 168 3 6 M
delay is and 3 to A3. Page frmenta	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (IN YOOTS IF UNDER 1 YEAR S IF UNDER 24 HRS 2C DATE PRONOUNCED DEAD 2d HOUR
any della, 2, and n PM3.	Male Cau 10/22/16 51 yrs Months OAYS HOURS MIN Month Feb. Doy 17 Year 19 68 3 4 M
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N 2 3	COUNTRY) Ohio U.S. WIDOWED DIVORCED Montgomery Md
with With Sta	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast af working if e, even if retired) 120. USUAL OCCUPATION (Kind of work dane during mast af working if e, even if retired) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast af working if e, even if retired)
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haurs afte Hem 18 Go Office alan Tand2 with	ddmission) State Maryland County Montgomery Sil. Sgr (S X No 10307 Conover Dr. 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Lost IS MOTHER'S MAIDEN NAME First Middle Lost TO MOTHER'S MAIDEN NAME First Middle Lost TO MOTHER'S MAIDEN NAME First MIDDLE NAME TO MOTHER'S MAIDEN NAME TO MOTHER'S MAIDE
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shauld be executed with ward "pending" in perthe Chief Medical Exanurial-transit permit. File in any event within 72	18 CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (1). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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# # B B E	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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orwal use	WAS PERFORMED? YES NO MICH OF EXAMON
INER: This certificate, writ should be farwai files. 3 should be used	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Herm 18.)
#	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19 2 Id IN.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town County State
INER: In cert shaul files. 3 shau	
(AM) e the 4 aur age	WHILE MOT WHILE AT WORK AT WORK factory, affice building, etc.)
DEPUTY SICAL EXAMINER: The ressary, please execute the certifica e funeral director Page 4 shauld be may be retained for your files. FUNERAL DIRECTOR: Page 3 shauld be reliable to build, cremation, an	22a. 1 certify that took charge of the remains described above, held an Autopsy , Inspect on , Inquiry , and in my opinion
tar ed f	death resulted from Natural causes Accident , Suicide , Homicide , Undetermined manner
please directarerationers ar to b	CHIEF MEDICAL EXAM NER
JIV COLCA IIV, please e eral director be retained RAL DIRECTOR	ACTUAL SIGNATURE / SIGNATURE / ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
Seary by b	EXAMINER'S DEPUTE MEDICAL EXAMINER 2 2/7/9/8
ro DEPUTY necessary, if the funeral 5 may be r fo FUNERAL Health price	NAME (Type) /3 ELDEN / CAP/N, DADDESSTREPS STY COUNTY)
55 - 25 -	230 BURIA. (CREMATION, REMOVAL (Specify) Removal 2/19/68 St. Joseph Cemetery Trwin, Pennsylvania
	Removal 2/19/68 St. Joseph Cemetery Irwin, Pennsylvania 24 FUNERAL DRECTOR ADDRESS 250 REC D BY REG STRAR 250 REGISTRARS S GNATURE
VR A15ME (5) 10M REV, 1/68	SHH Him C. 2001 14St NW DO DATE F. B 2 1 1868 Acharles Judge
(GW KEV, 1768	of the De

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR after death funeral (Type or print) Month orence. 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 6. AGE (In years MONTHS DAYS HOURS last birthday) 94 YRS. 24 haurs 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED [NEVER MARRIED country) DIVORCED [WIDOWED 3 001 director, page 3 should be detached far use as the burial-transit purmit. Then please remave carban pay should be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind by work done MED KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH completely fille requires that the death certificate be executed within give street address) Althea Wealand Mersing ing most of working life, even if retired) INDUSTRY 130. USUAL RESIDENCE (Where deceoted lived, if institution: Residence before 13c. CITY OR TOWN 13d UNSIDE CITY EIMITS? 3e STREET AND NUMBER 10217 136 COUNTY Topme odmission) STATE Greenac Silver S 14. FATHER'S NAME Middle 15. MOTHER S MAIDEN NAME First Middle First Lanc \$ 05 WOFT plysician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. on(inknown) (II yes give war or dates of service) APPROXIMATE INTERVAL amending partition 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Canditions, if any, which gave signed by the burial-transit p nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Tage 4 may be retained by the Taspital ar attenting Thysician. stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES [NO [TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. City or Town State County While Not while at wark L at work 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an. 1964, and that in (my) (our) opinion death accurred on the dote and haur and from the couses stated abave, (i) (we) (did) (did not) view the body ofter death. 226. SIGNATORE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22e. ADDRESS 217 U. 22d, PHYSICIAN'S UNIU. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) **ADDRESS** 2Sa. REC'D-PY FUNERAL DIRECTOR VR A15 [4] 30M REV 1/68



1	15 3-	ems 13,21,22 iilm 39MAKYLAND STATE DEPAKTMENT OF HEALTH 13-6 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATEX	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2046
HEALTH (DEPT)		DECEASED-NAME First Made Mazzarella 20 DATE KNOWN Month	Day Year 2b HOUR
SES FOR		Anthony Mozacous DEATH MATED 2	25 1968 11 7
delay is and 3 ta M3. Page	3 \$	last birthday) MONTHS OATS HOURS MIN About Day	25 Year 19 68 P N
Depart	70.	M June 8, 1930 37 88 YRS BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	25 19 68 P N
		Octanton, Penn. U.S.A. WIDOWED DIVORCED Montgomery	County. M
	10. (CILL OF LOADS OF DEATH	126 K ND OF BUSINESS OR
ave the		Silver Spring Give street oddress) Holy Cross Hosp Hanager - Nahn Shoes	INDUSTRY Shoes
e vi di		USUAL RES DENCE (Where deceased lived, if institution Residence before 3c (ITY OR TOWN 13d MS.DE CITY LIMILIS? 13e STREET AND NUMBER 13b COUNTY Prince Geo.Riverdale YES NO 0 67th A	ve.
I havrs Item 11 Office I and 2 v	14 F	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 not in I niner's pages I havirs (160	Michael Mazzarella Mary * WAS DECEASED EVER IN U. S. ARMED FORCES? 1166 SOCIAL SECURITY NO 117 INFORMANT 22 ADDRESS CA	9330
per ann 2		WAS DECEASED EVER IN C. S. ARMED FUNCES? Yes, no, or unknown) Killyus gwe war or dates at service) Wes, no, or unknown) Korean 166 SOCIAL SECURITY NO Mrs. Joan Mazzarella 33 (ALE Structure) Wrs. Joan Mazzarella Scranton	eet enn
uted v g' in l cal Ex n t. Fil th n 7		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) PART I. DEATH WAS CAUSED BY A Sphyxiation due to	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
be executed "pending" in inef Medical i insit perm i event with in		IMMEDIATE CAUSE (a) AS A CONSEQUENCE OF	
be exemined me must be event		Conditions, if ony, which gave) a. Aspiration of vomitus	
word word the Ch		rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
		(c) Associated with Alcoholism	
s certificate she writing the farwarded to used as a bu semaval, and is		PART 2 OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART I(a)	
certifi writir arward used a maval,	NOT NO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certific ate, writin ie farward be used as	CERTIFICATION	WAS PERFORMED?	YES NO 🗆
fica fica fica be d b	I GE	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day Year PRIMARY OR CONTRIBUTING 400 Part 2. If	
tNER: T e certific shauld b files 3 shauld attan, ar	MED CAL	CAUSE OF DECEMBER 1047PM 2 25 19 00 December 2 45ptraces	
3 4 5 6 5	2	21d .N.JRY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, foctory, office biding, etc.) 21f LOCATON Street or R.F.D. No City or Town Silver S. ring	County State Mont IId
L EXA ecute Proge ar yau R: Pag Ial, cre	-	22a certify that took charge of the remains described above, held on Autopsy Inspect on	
France of the CTOP		death resulted from: Notural couses . Accident . Suicide . Homicide . Underermined manner	
Ty Slugar		CHIEF MEDICAL EXAMINER	
y, pl		SIGNATURE SIGNATURE 22b. DATE 22b. DATE	SIGNED
TO DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for yage TO FUNERAL DIRECTOR: Page Health prior to burial, crem	L	EXAMINER'S NAME (Type) BELDEN REPORT OF TOUR OF COUNTY)	26/1968
5 = + 2 5 ±	23a	BURIA. (REMATION, 23b DATE 23c NAME OF CEMETERY OF REMATORY 23d LOCATION (City of Toyn)	(Caunty) (Stote)
The state of the s	24	Removal (Specify) Removal (Spec	SIGNATURED
VR A15ME (5)	W	ANNUAL DIRECTOR JEST JEST STATE OF STATE STATE OF STATE STATE OF STATE S	wes July



1	ACOUS MARYLAND STATE DEPARTMENT OF HEALTH	
χ,	JACO DA DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLA	ND 21201 2847
FOR STATE	em 8 Film G398 3/1 MEDICAE EXAMINER'S CERTIFICATE OF DEATH	20° 1, 18° 41
HEMANIDEDT		20 DATE KNOWN Manth Day Year 2b HOUR
ILE TOPE I	(ype or Print) Land (1. 0.11 mca	
	Jule Wenfield 111 Mayle	DEATH MATED X 7-6-26 1968 / BM
P 33	the state of the s	2c DATE PRONOUNCED DEAD 2d HOUR
The second of th	m w 10/27/25 42 yrs	Month Doy Year 1968/15 M
E - A	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED 9 COUNTRY	ITY OF DEATH
Ge Last	Try) O.B. WIDOWED DIVORCED TO I	Nontgonzery
		UPAT ON (Kind of work done 25 KIND OF BUSINESS OR
after death 8. Give Pagr alang with with the Sta leath.	give street address) during most of the	working life, even if retired) INDUSTRY
Fire de Give ang wath the the th.		38_STREET AND NUMBER
	imission) STATE MI 136 COUNTY Mant. Kochsulle, YES NO [Rockwille flow matel
haurs Item 11 Office I and 2 after d	ATHER'S NAME First Middle Lost Is MOTHER'S MA DEN NAME First	Mtddle Last
aft of a late	Home & Land Michael Mariel	in i
hin 24 nci in I niner s pages I haurs (WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT	ADDRESS
The page	as a	Will I with Dr. C. O' T
w thin n penci Examine File page	yes. My 11 dates of sarrice) ms is 5 seller -	1816 N 14 = St attengton,
ed if if if	IB CAUSE OF DEATH (Enter on y one cause per line for (a), (b) and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding" i Medical permit.	PART I. DEATH WAS CAUSED BY Myocardial infarction, early	24 hr.
Me pe	4107 DUE TO, OR AS A CONSEQUENCE OF	
suld be executed vord "pending" in the Chief Medical Eal-transit permit. Fany event within	Conditions, if any, which gave) (b) Coronary insufficiency	
A P P P P P P P P P P P P P P P P P P P	ase to thinkediate cause (a),	
auld word he Cl he Lal-tra any	siving the underlying course	
sho v he v ra ff ra ff	(c) Coronary arteriosclerosis, seven	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(o)
fica Timg rdec as as		
certii , writ arwai used mova	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
is certif te, writi farwan e used o	WAS PERFORMED?	YES X1 NO [
	2 a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature	
LER: certifi nauld les shaula tion, c	PRIMARY OR CONTRIBUTING HOUR A.M	or ingory in rost 1 of rost 2, trent 18)
NER: certif hauid hauid sles shaul itian,	CAUSE OF DEATH P.M 19	
AMINER: te the cert te 4 shauld rour files age 3 shau cremotian,	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f LOCATION Street or R.F.D. No.	City or Town County State
EXAMINER: cute the cert age 4 shault r your files :Page 3 shault cremation, tremation, the cert age 3 shault are age 3 shault	WHILE NOT WHILE TOCTORY, OTICE BUILDING, etc.)	
Paceural Farman	22a. I certify that I taak charge of the remains described above, held on Autopsy 💢 Insp	ection 💢, Inquiry 💢, and in my opinian
ICAL I exec far. Po ed far CTOR: burnal	death resulted from. Natural causes X. Accident . Suicide . Homicide	Undetermined manner
please of directal presents of birectal presents of birectal or to burn or to	CHIEF MEDICAL EXAMINER	_
e e e e	ACTUAL ()-f- le Salet -	
ssary, Issary,	DEDUTY MEDICAL PARAMETER	
DEPUTY Cressary, please e funeral direct may be retain FUNERAL DIRE cofth priar to	EXAMINER'S NAME (Type) John C Bo 7 7 ADDRESS(Street, city, town	
	Colors G. Ball	
5 = + v 5 =	REMOVAL (Specify)	LOCATION (City or Tawn) (County) (State)
	REMOVAL (Specify) Burial 2/29/68 Columbia Gardens Cem. At	rlington, Va.
	3901 ADDRESS Fairfax Dr RECD BY REGIS	STRAR 256 REGISTRARS S GNATURE
VR A15ME (5) 10M REV 1/68	lington Funeral Home Arlington, Va. DATE MAR	1 1968 Charles Junger
		<u> </u>



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02862 V2840 CERTIFICATE OF DEATH DECEASED NAME Midd e 2g. DATE OF DEATH (Type or print) F JNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE DE BIRTH 6. AGE (In years last birthday) MONTHS T DAYS HOURS YRS hours 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED **154** NEVER MARRIED DIVORCED (WIDOWED within /Z **Pagna** 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY GR Spring / physician and completely len please remove corbon and completel burial, cremation, or removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER requires that the death certificate be executed YES 🔀 NO 14. FATHER S NAME 15. MOTHER'S MAIDEN NAME First Last Kenney INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) Yes no or unknown) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the attendi burial-transit permit. DUE TO, DR AS A CONSEQUENCE OF Conditions, if any, which gave) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DAJE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? FRONTAL BRAIN TULICA CAUSES OF DEATH? NO K YES 🗍 FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from . 1965, to Z 1865, and that in (my) (aur) apinion death occurred on the date and hour and from the saw the deceased alive Dn_ causes stated above, (I) (we) (did) (did nat) view the bady after death. 22h SICHATURE 22c DATE SIGNED ATTENDING DEGREE 22d. PHYSICIAN S 22e. ADDRESS NAME (TYPE) COM 23c NAME OF CEMETERY OR CREMATORY 23d, LDCATION (City or Town) 23b. DATE (County) 23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial Suitland, 2-9-1968 Cedar Hill Cemetery Md. 250. REED BY REGISTRAR ADDRESS 30 Wisc. Are.NW shington.D.C. 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Joseph Gawler's Sons. Inc. 30M REV, 1/68



	MARYLAND STATE DEPARTMENT OF HEALTH
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
П	CERTIFICATE OF DEATH 92843
1.	ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
	(ype or print) ALEXANDER R. MCMULLEN Z-2-68 730
3.	X 4. RACE S DATE OF BIRTH 6 AGE (In years Funder 1/4 ARC)
	MALE WHITE 10-26-81 lost birthdoy) R. MONTHS DAYS HOURS MIN.
74	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPIED NEVER MARPIED 9 COUNTY OF DEATH
ľ	Ireland, U.S. A. WIDOWED DIVORCED Montgomery
10	THE OF HOME OF HUSPITAL OR INSTITUTION (IT NOT IN TIGSTIC) I TO USUAL OCCUPATION (KIND, OF WORK dane 126 KIND OF BUSINESS OR
1	THUE Spring HOLY CROSS KEI U.S. SCENER ARMY
13	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 136 INSIDE CITY LIMITS? 13e, STREET AND NUMBER
L	Hary land MONTGOMERY STEVER SPENCE 1201 RUPPERT ROAD
14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
L	JAMES R. McMillen Margaret - Douglas
ľ	WAS DECEASED EVER IN U.S. ARMED FORCES? (6s, no, or unknown) (If yes give wor or dates of service) (16b. SOCIAL SECURITY NO. MR. PLEXANDER MONULLEN, JR SILVER STRING, NO.
_	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
ı	IMMEDIATE CAUSE (a) CRYEDYOV & SCUIAT BEETAEN! / MO
П	Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Arteriosclerolic Carbiovascular disease
L	rise to immediate cause (a).
L	stating the underlying cause DUE TO OR AS A CONSEQUENCE OF
L	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	The second secon
HOLEVIOLENS	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
7.5	YES NO KAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 1B.)
AAPPACAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19
445	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, SARM, STREET, FACTORY.) 21f IOCATION Street or R.F.D. No. Gity or Town Gusty State
	at work of wark
	22a. I certify that (I) (this haspital) attended the deceased fram 12 11 3 , 19 68 , to Feb 2 , 19 68 , that (I) (we) last saw the deceased alive an 1965 and that in (my) (aur) apinian death accurred an the date and haur and fram the
	saw the deceased alive an
	22b. SIGNATURE 22c. DATE BIGNED
	(Koumond) rue shaw MDEGREE PHYS. ATTENDING DIRECTOR DIRECTOR DIRECTOR Z/Z/L8
	1992 DUNCTIONS
	NAME (Type) RAYMOND BRADSHAW
2	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) and (State)
	BERTAPOTAL FEB. 1, 1968 LONG ISLAND NAT CEMETER PLANA N.Y.
2	FUNERAL DIRECTOR WORLD M. Hydra ADDRESS WOLSH, D. C. 250 RECD BY REGISTRAR 25b. REGISTBAR'S SIGNATURE
1	VSONG FINERAL HOME- 13CO. & ST. N.W. DATEFEB 5 1988 Liveres Judges



N STREET, BALTIMORE 1, MARYLAND 30 th 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edm.ssign) a. COUNTY O/_ b. COUNTY (MARYLAND CITY OR TOWN (Touts de corporete I mits, CITY OR TO VIN (If outside corporate limits, write RURAL and give c. LENGTH OF STAY IN 16 Write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO. 3. NAME OF DECEASED (Type or print) IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR last birthday) Months I House 106. KIND OF BUSINESS OR INDUSTRY . 11. PERTHPLACE (County 12. CITIZEN OF WHAT COUNTRY? ng most of working lite, even it retired) 14. MOTHER'S MAKEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ARTERIOSCLEROTIC HEART DISEASE Conditions, if any, which " gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY NO V 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part | or Part | of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. . 1965 to FEB 25 1968 that (1) (www) last 21. I certify that (I) (this hespital) attended the deceased from.196.8 and that death occurred at 1.0.445 from the causes and on the date stated above. saw the deceased alive on +ES 220. SURTINE ATTENDING MED. DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 0 258. REC'D BY REGISTRAR | 286. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH JZ865 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR 1. DECEASED-NAME 2a DATE OF DEATH First Lost within 72 haurs after death Month (Type or print) DATE OF BIRTH AGE (In years LF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 3. SEX last birthday) DAYS HOURS White TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs aft 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED 🗖 NEVER MARRIED papers. DIVORCED [WIDOWED | 120. USUAL OCCUPATION (Kind of work done 12x KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) INDUSTRY give street address) and campletely fi remave carban Retired-V. Pres Ban in any event, 13c. CITY OR TOWN 13e. STREET AND NUMBER COOSAL 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 136 INSIDE CITY LIMITS? admissian) STATE 13b COUNTY YES 🚮 14 FATHER'S NAME Middle Lost attending physician permit. Then please burial, crematian, ar remayal, and 16b. SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, nawarunknawn) APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS-Conditions, if any, which gave ! rise ta immediate cause (a). stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES 🗌 NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 at Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D No. County Stote 21d. INJURY OCCURRED City or Town While Nat while at wark be retained by the 22a. I certify that (1) (this hespital) attended the deceased from , ta 1968, and that in (my) (oor) apinian death accurred on the date and have and from the saw the deceased alive andirector, page 3 shauld shauld be filed with the causes stated drawe, (1) (we) (dra director) view the bady after death. 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S Robert C. Macon 809 Veirs Mill Rd. Rockville, Mt. NAME (Type) 23b. DATE 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 230 BURIAL CREMATION. REMOVAL (Specify) Cedar Hill Crematory Suitland, M. 24 FUNERAL DIRECTOR wler's Sons, Inc. **ADDRESS** VR A15 (4) 30M REV. 1/68 5130 Wisc. Ave. N.W. Wash.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 32866 0235 CERTIFICATE OF DEATH Middle DECEASED-NAME Last 2o. DATE OF DEATH 24 hours after death. (Type or print) MIDKIFF LESTER Đ. ers. Pages 1 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years F JMDER 1 YEAR IE UNDER 24 HRS lost birthday) 56 Male White 10/27/11 in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) Va. 8. MARRIED NEVER MARRIED U.S. WIDOWED TO TO DIVORCED [7] Montgomery signed by the attending physician and campletery filler burial-transit permit. Then please remave carb<u>on a</u>d burial, cremation, ar removal, and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address? INDUSTRY Silver Spring Holy Cross self 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Maryland 13b. COUNTY YES IL NO T Garrett Ave. \$4612 Montgomery Sil.Sr 14. FATHER'S NAME Firs! Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Charles Midkiff Edna Horton 166 WAS DECEASED EVER IN L.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknown) 229 01 0064 Charles Midkiff Falls Church Va. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per tine for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) PORTAL Vein Thrombesis DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove (b) Stress Gastric Ulcer with hemorrhage rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ()Adenocarcinoma of Pancreas PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART NO. be detached for use as the State Dept. af Health priar to Renal Failure has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 196, DATE OF OPERATION 20o AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Adenocarcinoma Pancreas YES XXX 1/17/68 FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AF HOME, FARM, SIREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark of work 22a. I certify that (I) (this haspital) attended the deceased fram Jan. 6 , 19 68, to Feb. 1 19 68, that (I) (we) last saw the deceased alive an Feb. 1 19.68 and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. director, page 3 should should be filed with the be retained 22b. SIGNATURE 22c. DATE SIGNED MED.
DIRECTOR ATTENDING PHYS DEGREE 22d. PHYSICIAN'S Georgia Ave., S.S.Md. NAME (Type) Thomas G. Edison, M.D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Colmar Planor Pro Geo Md Feb 5. 1968 Ft Lincoln Cemetery 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 [4] F. Gasch's Sons Ciliantes Judge 30M REV 1/68 Hyattsville, Md. DATE FFR

MARYLAND STATE DEPARTMENT OF HEALTH

* * ! ×.X . T

(1)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(2)		CERTIFICATE OF DEATH 92853
uneral 1 and 2 r death. (CEASED-NAME First Middle Last 2a. DATE OF DEATH The Day Year Print Day 1968 6:45
ions men	3. St	
	70 l	SIRTHPLACE (State or forging) 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH WHOWED DIVORCED Morel gamely Married Ma
	10. 6	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mask of working life, even if retired.) 12 USUAL OCCUPATION (Kind of work done during mask of working life, even if retired.) 13 16 Wallboarding Rd.
(odmi	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY'OR TOWN 13a INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY of gamery Glour Scho Hour VES NO 12 63/6 Walkonding Red
		ATHER'S MAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last HCCB MILLER SCIENT
	160. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no. ar unknown) (If yes give war or dates al service) 297-16-1982 Min charl M. Miller W. Address Same
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Heart Failure (Mig o Coerdial Inferred.)
		Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove
		rise to immediate cause (0) stoting the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF likely Coronary Occlusion Immediate last.
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(0)
y	CERTIFICATION	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	MEDICAL CER	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING Clause of DEATH HOUR A.M. Manth Doy Yeor P.M. 19
	WE	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State of work of work
		22a. I certify that (I) (this haspital) attended the deceased from first and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death.
		226 SIGNATURE ATTENDING MED. STAFF PHYS. 22c DATE SIGNED DEGREE PHYS DIRECTOR DIRECTOR PHYS. 22c DATE SIGNED 22c DATE SIGNED
1		22d (PHYSICIAN'S NAME (Type) Michae/ M. M. M. 1/8r, M.D. 1323 New Haufshire N. W
	23g	BURIAL (REMATION) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2-26-68 CEDAR HILL CREMATORY WASHINGTON DC
3	24 B	FUNERAL DIRECTOR DANZAMSKY +SONS - WASHINGTON DC 250. RECD BY REGISTRAR 250. REGISTRAR'S SIGNATURE DATE FFB 27 1968 JULIANES



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02854 CERTIFICATE OF DEATH 24 hours ofter deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY montgome montgomery MARYLAND b CITY OR TOWN (If outside corporate umits.) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. LENGTH OF STAY IN 16 write RURAL and give nearest town) JIVENSDEIN Lockville, md NAME OF HOSPITAL OR INSTITUTION Of not in hospital, give street oddress) B IS RESIDENCE ON A FARM? d. STREET ADDRESS dod within NO X The law requires that the death certificate be executed within NAME OF **Увог** DECEASED (Type or print) OF DEATH and in ony event, Moone 45 19 68 IF UNDER 1 YEAR 6 COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS MARRIED lost birthdoy) Months Davs WIDOWED DIVORCED 6-18-07 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? neateutter 715 4 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremotian, or removol, 1S WAS DECEASED EVER IN U. S. ARMED FOR CES?
(Yes, no, or unknown) ((If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Wife Address Same as Item 2. Mary E. Mooney 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY: ONSET AND DEATH WYOCARDISC INFARCTION IMMEDIATE CAUSE (o) ģ DUE TO Conditions, if ony, which gove] nse to immediate couse (o), DUE TO stoting the underlying couse os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? ULMONANI DNI-UMONIA NO K 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of snjury in Part I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [Page 4 may be retained by the hospital detoched for the details of the deta OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (State) factory, street, office bldg., etc) Hour o.m. Not While 21. I certify that (1) (this hospital) attended the deceased fram. 60 that (1) (ver) last 19 6 21968, and that death accurred at 1101M, from causes and on the date stated above DIMECTOR: saw the deceased alive 220 SIGNATUR 22b DATE SIGNED ATTENDING M.D. DIRECTOR director, poge should be filed 22c PHYSICIAN S 22d ADDRESS TH FUNERAL NAME (Type 23g BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial Silver Spring. Gate of Heaven Cem. 2-3-68 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb REG STRAR'S SIGNATURE VR A15 (4) 25M 1/67 PUMPHREY, Bethesda, Maryland

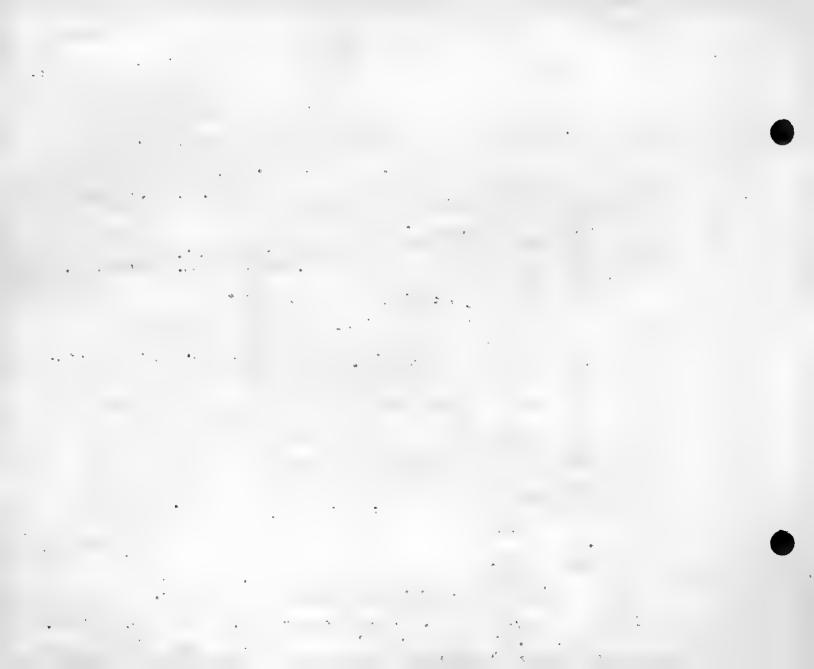


-	1/4 C 0 19 DIVISION OF VITAL RECORDS, 301 W. PRESION STREEF, BALLIMOKE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH, DEPT.	DECEASED-NAME First Middle Lost 2a DATE KNOWN Month Day Year 2b	HOUR
2 5 8 E		M
Se a les	SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 14 HRS 20 DATE PRONOUNCED DEAD 2d	HOUR
and de	MALE White JAN 22-1949 19 YRS 1 100 1968 113	42 Ni
1, 2, 1, 2 ep	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARR ED 79 COUNTY OF DEATH	
fars fee	Washington De. U-5.A WIDOWED DIVORCED MONTGOMERY.	Md.
death Pages With far he State	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (find in haspital liza LSJAL OCCUPATION (Kind of work dane lize/Kind of Business during mast of working life, even if retired.) INDUSTRY	OR
Give g	DETATES OF SUBURDAN. StudenT NOW!	Ξ
18. Galga	TYATE A STORY CONTROL OF THE STORY OF THE ST	
	503	
hin 24 ncıl ın nıner's pages haurs	JAMES A MORNINGSTAR MIRIAM SOHNSON. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 9910 MERIDEN R. WAS DECEASED EVER IN U.S. ARMED FORCES?	
	TAMES A Maringstar MIRIAM JOHNSON. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yesting, or unknown) (Il yes give wor or dotes of service) (16b. SOCIAL SECURITY NO MIRIAM JOHNSON MORNINGS TARE POTOMAC MIC	ر م
d with per Exar	APPROXIMATE INTER	¥AL
be executed "pending" in the Medical Examples to the Medical Executions to be event within the management of the medical executions and the medical executions are secutions.	PART I DEATH WAS CAUSED BY: PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Injuries multiple and severe Sudden	JEATH .
exect ndin Med per per	DUE TO, OR AS A CONSEQUENCE OF	
be exemple the state of the sta	Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Automobile accident	
vard ward he Ch nal-tra	rise to immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
2 7 7 5 6	last. (c)	
, certificate sl., writing the farwarded ta used as a bu used as a bu smaval, and ii	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)	
certificate writing th irwarded t ised as a naval, and		
This certific icate, writing be farward as de be used as ar remaval,	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?	
be are	YES 🔀 N 21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature af injury in Part 1 ar Part 2, Item 18)	0
	PRIMARY OF OR CONTRIBUTING 216 T ME OF INJURY Month, Doy, Year PRIMARY OF CAUSE OF DEATH 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem 18) CAUSE OF DEATH PM 7eb 16 19 68 Passenger in Cas Thetran of rood of hit Pole	
NER NER Shou files 3 sho artio		State
EXAMINER: ate the certuring 4 should your files. Page 3 should , cremation,	WHILE NOT WHILE TO today, office building, etc.)	
	22a certify that I taak charge of the remains described above, held an Autopsy (X), Inspection (X), Inquiry (X), and in my a	
ICAL I exector. Per	death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	piniun
dinecting the state of the stat	CHIEF MENCAL EVALUATION	
ry, ple eral di be reth RAL D	SIGNATURE Color S. Ball M.D. ASSISTANT MED CAL EXAMINER 226 DATE SIGNED	
	DEPUTY MEDICAL EXAMINER IX 7 17 19 6	
o DEPUTY necessary, p the funeral 5 may be re 0 FUNERAL Health prior	NAME (Type) John G. Ball 7936 Old Georgetown About the tolk established Pid.	
5 g = ~ 5 x	o BURIAL CREMATION, 23b DATE 23c NAME OF CRMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) 12/20/1968 Parklawn Cemetery Rockville Montga Md.	
1		
VR A15ME (5)	yson wheeler 1331 Rockville ADDRESPike Pike DATE F.B. 2.1 1968 REGISTRAR SIGNATURE DATE F.B. 2.1 1968	
TOM DEV 1/68	uneral Home Rockwille Manufand DATE	



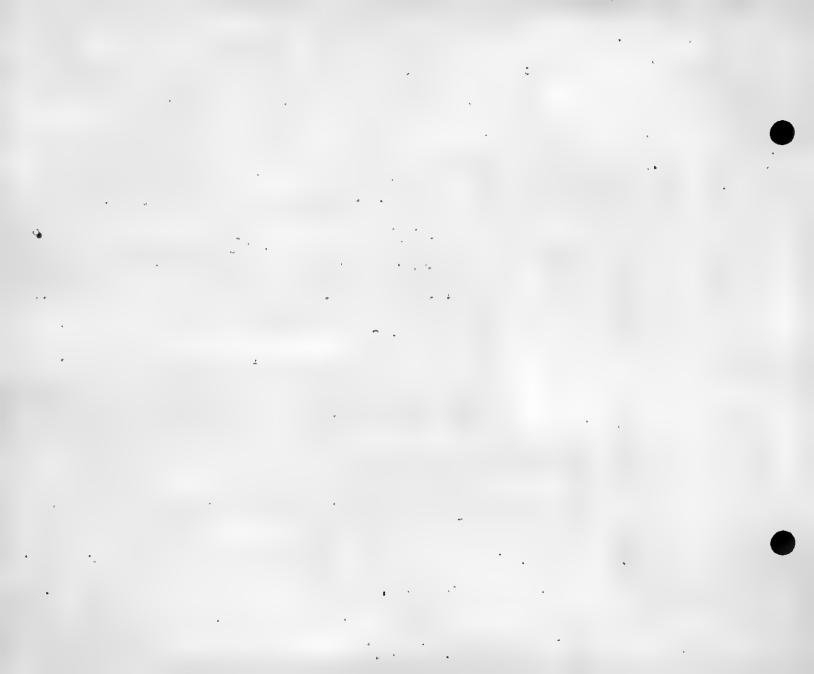
~ 1	It	em 16,1d,2c, lm G398 3/4/60 app	. MAR OF VITAL REC	(YLAND STATE DEPA ORDS, 301 W. PRESTO	A RTMENT OF HEALTH IN STREET, BALTIMORE,	MARYLAND 21201	
	r I.	0290 3/4/60 ap		CERTIFICATE	OF DEATH		19856
death	1,	PLACE OF DEATH o. COUNTY Montgome	וייו	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Mary Lane	b. COUNTY	Residence before odmission) Montgomery
24 hours after death of in by the free pers. Pages I and 72 hours after death		b CITY OR TOWN (If outside corporate limit write RURAL and give necrest town) **STATE OF HOSPITAL OR INSTITUTION (If n		LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	corporate limits, write RURAI	Land Give nearest town)
in 24 hou illed in b papers. hin 72 har		d. NAME OF HOSPITAL OR INSTITUTION (IF n 2607 Elmont Str		street oddress)	d. STREET ADDRESS 2607 Elmon		e IS RESIDENCE ON A FARM? YES NO
差 第七章	3.		rst	Middle	Last 4	DATE Month OF DEATH Feb.	Doy Yeor 25 19 68
ate be executed wit cion and completely lease remove carbo and in ony event, w	5	Female White	7. MARRIED WIDOWED	DIVORCED .	April 15,1893	last pirthdoy) 4 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
ertificate be exe physicion and c hen please remo soval, and in ony	10 du	o USUAL OCCUPAT ON (Give kind of work done ring most of working life, even if retired) Housewife	10b KIND INDUS	OF BUSINESS OR STRY	11. BIRTHPLACE (County & Stol	e, ar foreign country)	12 CITIZEN OF WHAT COULTRYS. A.
certifica physica hen pla noval,		FATHER'S NAME Honick			14. MOTHER'S MAIDEN NAME Goldie		
attending phy attending phy permit. Then ian, or remova	15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, at Jukinawn) (If yes give war at dates	of service) 16. SOC 213		NFORMANT lvin Mostow	2607 Elmönt Silver Spri	
that the d an. by the att transit per cremotian,		1B. CAUSE OF DEATH (Enter only one cor PART I. DEATH WAS CAUSED BY: .IMMEDIATE CAUSE	6.000	(b), and (c).) : (49.) + (49.) + (49.)	earl Foi	luce	INTERVAL BETWEEN ONSET AND DEATH
S PHYSICIAN: The law requires that the death certificate be executed with the haspital or ottending physician. This certificate has been signed by the attending physicion and completely detached for use as the buriol-transit permit. Then please remove carbo e Dept. at Health prior to buriol, cremotian, or removal, and in ony event, we		Canditians, if any which gove nse to immediate cause (a),	(b) 614	elio-Sel	crotic C	V Diskon	e e
law reconding properties the krients the k		stating the underlying cause DUE	(c)	PLANT DIE LOT DELL'ATED TO			19 WAS AUTOPSY
IAN: The law radio of or ottending ficate has been for use as the Health prior to	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS C					19 WAS AJTOPSY PERFORMED? YES NO
PHYSICIAN: ne haspital or this certificate etoched for n Dept. of Heal	AL CERTIF	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		DU OCCURRED TO DE STATE	Enter nature of injury in Port I	,	
	MED CAL	p.m.	While at work	Not While at work	E OF INJURY (Home, form ory, street, office bldg., etc.)	20f (City or town)	(County) (State)
ATTENDIN etained by CTOR: After should be rith the Star		21. I certify that (I) (this her	eb 25	1 the deceased tram19_68, and that	death occurred at	M, fram causes or	nd on the date stoted obove 22b DATE SIGNED
A OR A be ret by be ret billing 3 s		22c PHYSICIAN S)	Gari	CEL M.D	ATTENDING MED DIRE	CTOR STAFF PHYS.	Feb 23, 1968
Page 4 may be retained To FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23	nAME (Type) a BUR,AL, (REMATION, 23b DATE TH	EREOF 1	23c. NAME OF CEMETERY OR (1 8484 1	23d, LOCATION (City or Town) S //d 209/C
F F		REMOVAL (Specify) Burrat Feb. 27 4. FUNERAL DIRECTOR Donald M.	,1968	Mount Lebanon	Cemetery	Hyattsville	strans signature
VR A15 (4) 25M 1/67		emorial Funeral Home		St., N.W.Wa		28 1968	Catholic Assessment





MAKYLAND STATE DEPAKIMENT OF HEALTH 52872 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1235 CERTIFICATE OF DEATH 2b. HOUR Middle Last 20. DATE OF DEATH DECEASED-NAME event, within 72 haurs after death erferal ańd (Type or print) rarla IF UNDER YEAR IF LINDER 24 HRS. S. DATE OF BIRTH 6 AGE (In years A RACE 3. SEX by The Pages last birthday) DAYS HOLRS MONTHS 25-8 SYC YRS. 9. COUNTY OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7o BIRTHPLACE (State or foreign Ξ papers. DIVORCED Jersey WIDOWED D Montgomer filled 12a USUAL OCCUPATION Kind of work done 12b, KIND OF BUSINESS OR IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address during most of working life, even thretired.) INDUSTRY remave carban completely 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 30 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13b COUNTY NO. removal, and in any IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last and Unobzainable Wurster 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes na. or unknown) none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Mours IMMEDIATE CAUSE (o) burial, crematian, ar DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) directar, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar ta TO FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO [YES [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Month Day Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M P.M (If either, notify medical examiner) State 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town County 21d. INJURY OCCURRED While Not while at work 220. I certify that (1) (this hospital) attended the deceased from home 2, 1945, to Ads 6 1968, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased olive onbe retained couses stated above, (1) (we) (did) (didnet) view the body after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) ARD (Stote) 23d LOCATION (City or Yawn) (County) 23c NAME DF CEMETERY OR CREMATORY 23b. DATE 23g. BURIAL CREMATION Md. Co. Lincoln Crematory Prince Georges REMOYAL SPECIAL 2Sb. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR 1968 S.H. Hines Co. Washington, D. 30M REV 1/68





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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	26 t
HEALTH DEPT.	I DECEASED NAME First Middle Last 2a DATE KNOWN Month Day	Year 2b HOUR
ov IS 3 to 3 to Mit of	(Type or Print) JAMES ROBERT MICHAEL NEFF DEATH MATED # 2 29	14888/M
- 19 € Ψ.	3 SEX 4 RÂCE S DATE OF BIRTH 6 AGE (10 years lost birthday) MONTA'S DAYS HOURS MIN Month 2 Day Year	2d HOLR
	70 BIRTHPLACE (State or foreign 76 CIT ZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH	160 OAM
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	are street address)	ID OF BUSINESS OR
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	adm ssion) STATE MD 136 PRONTGOMERY SILVER SPANG YES NO 1 9827 E. LIGHT	DR.
24 hours in Item 1: rs Office ss land 2: rs offer d	14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle	Last
Z = v v v	WILLIAM B NEFF GENEVIEVE J.S. VAN DER S 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	OMBELE
	(Yes, qq, qr unknown) (1 yes give war or dates at service) MOTHER SAME	
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should be en word "pel to the Chief I burrof-transit	rise to immediate cause (a), (b) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho ne w ne th ne th burra	lost (c) terminal Arrhythmia	
This certificate should cate, writing the word be forwarded to the Ch be used as a buriol-tre or removal, and in any	PART 2 OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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# _ P C	21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21b T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in Jry in Port 1 or Part 2 Item 18)	
(AMINER: 1 fe the certific pe 4 should by your files age 3 should cremation, or	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AI home, form, street, 21f, LOCATION Street or R.F.D. No City or Town County	y State
EXAMINER: ute the certioge 4 should your files pour files page 3 should transmit to the certion of the certical of the certion of the certical of the certic	WHILE NOT WHILE factory, office building, etc.)	
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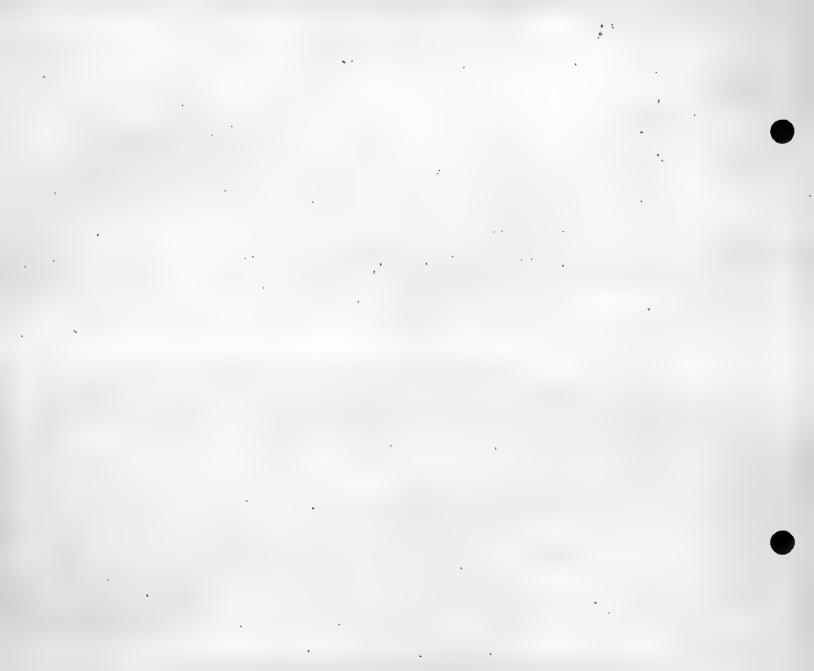
Antonio Correcto

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 12863 The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) · COUNTY Montgomery o. STATE b. COUNTY MARYLAND b CITY OR TOWN (f outside corporate limits, write RURAL and give neorest fown) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesida IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Bethesda - Silver Mill 3002 - 32 Sikver Sprit No 🔀 NAME OF DATE Year campletely DECEASED OF DEATH Bert 15 1968 (Type or print) AGE (In years IF LINDER TYFAR IF UNDER 24 HRS. 6 COLOR OR RACE NEVER MARRIED remove iost birthdoy) Months Doys Hours in any Cauc. DIVORCED Male signed by the attending physician and burial-transit permit. Then please remuly, cremation are constant of the 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State or foreign country) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if getired) INDUSTRY. COUNTRY? U.S Insurance 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME MELean, Va. 16. SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) -915 Turkey Run Ros 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ondy(c). INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO storing the underlying couse as the prior tal has been lost. 19. WAS AUTOPS! PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, CONDITION GIVEN IN PART 1(a) Health this certificate ATTENDING PHYSICIAN: 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port I of item 18 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) SH. Hour 'a m factory, street, office bldg., etc.) Not While Page 4 may be retained by the CO FUNERAL DIRECTOR: After at work 21. I certify that (I) (this hospital) attended the deceased from 10 (er) 19 5 to director, page 3 shauld shauld be filed with the _19 68, and that death accurred of _6A M, fram couses and an the date stated above. sow the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS 22c. PHYSICIAN'S ,ADDRES NICOALE NAME (Type) 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Grenwood Gemetery Burial Washington. D.C. Son Sobres inc 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4) 25M 1/67



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erery Tille obon po	10 9	ATY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INC	STITUTION (If not in hospital 12a, USL	IAL OCCUPATION (Word of work done	12b KIND OF BUSINESS OR INDUSTRY
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PHYSICIAN: e hospital ar his cerificate stached for u Dept. of Heal	MED	(If either, notify medical examinated 21d. INJURY OCCURRED 21e.	ner) P.M. 15 PLACE OF INJURY (AT HOME, FARM, STREET, FA	(TORY.) 21f. LOCATION Street or R.F.D. N	o. City ar Town	County State
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ND N	'	saw the deceased a	live on	ed from, 19_ 965, and that in (my) (our) ap	inian death accurred an the d	ate and havr and from the
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OR ATTENI be retained DIRECTOR: p ie 3 should ed with the		22b. SIGNATURE	1 80001	DEGREE PHYS	MED STAFF -	DATE SIGNED
L O II O		22d. PHYSICIANS	on james	DEGREE PHYS 22e. ADDRESS	DIRECTOR PHYS.	7/1/68
RAI RAI		NAME (Type)	JOSEPH K	ENRICK 6457 6	Visconsin ave. 1.	Betherda Md.
O HOSPITAL OR ATTENDING PHYSICIAN: The low rapoge 4 may be retained by the hospital ar offending O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230	BURIAL, CREMATION, 23b. I	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
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k	24	FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb. REGISTRAR	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 42865 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20 DATE OF DEATH First 26 HOURdeath. deoth (Type or print) Month ero 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years last birthday) 1F UNDER 1 YEAR IF JNDER 24 HRS 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after MONTHS | popers Rag 70 BIRTHPLACE (Stote or foreign COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) and completely filled in remove carban popers TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled ir director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers should be filed with the State Dept. of Health prior ta buriol, cremation, or removal, and in any event, within 72 WIDOWED IN DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) MDUSTRY Orpenter. 130 USJAL RESIDENCE (Where decepsed lived, if institution. Residence before 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13c CITY OR TOWN admission) STATE 13b. COUNTY YES Court 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MA DEN NAME First Middle Lost Minnie 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown) (If yes give wer or dates of service) Martin Stonauhi cr(son) 18/ CAUSE OF DEATH (Enter any one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: min4/5 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) HeaR eRolic 10501 rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the hospital or ottending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ronic 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION CAUSES OF DEATH? YES [NO T 210. ACCIDENT WAS UNDERLYING 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Tawn County While Nat white at wark 22a. I certify that (I) (this hospital) attended the deceased from... .19 (28) and that in (my) (aur) apinion death accurred on the date and hour and from the saw the deceased olive an. causes stated abave, (1) Twe) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 230. EURIA, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Mild-APITUL HEIGHTS EBREW 25g, REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 Kinhunchy + Sons

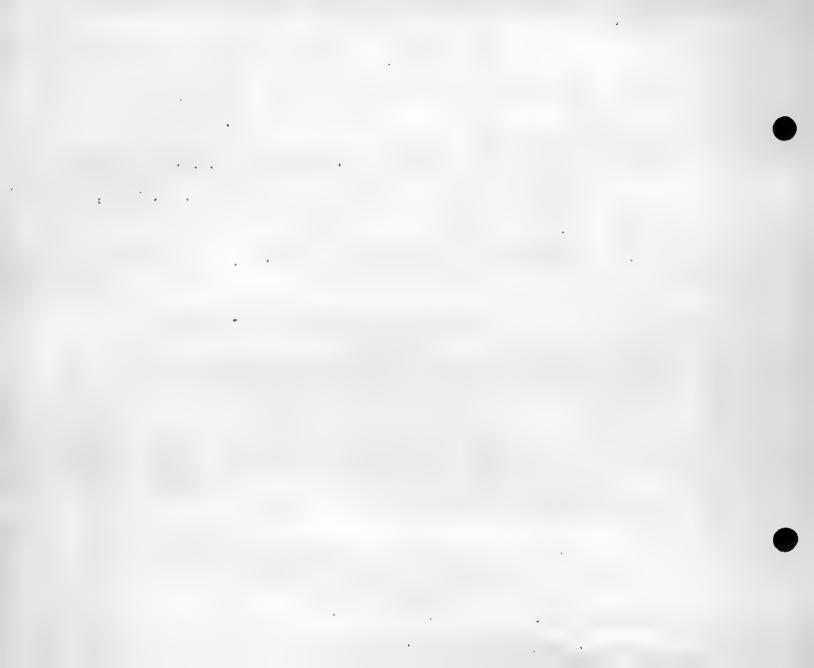


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02866 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR after death (Type or print) OLIVER GLEN F JNDER 24 HIPS 3. SEX 4 RACE S DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthdoy) DAYS HOLIRS July 13/1902 WHITE PEMALE requires that the death certificate be executed within 24 hours. 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) West Virginia U.S.A. the attending physicion and completely filled in sit permit. Then please remove corbon papers WIDOWED 17 DIVORCED [MONTGOMERY 10. CITY OR TOWN OF DEATH give street address) Holy 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR dyring most of working life, even if retired)

ross Hospital Housewife INDUSTRY. Silver Spring 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 136. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STAMary Land 13b COUNTY ontgomery Silver Spring YES NO 12501 Buckley Drive ond in ony 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Lost David Elizabeth Virgin Moose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT I I'll yes give wor or dates of service) Yes, no, or unknown) burial, cremotion, or removal, Mrs. Priscilla 233-38-8075 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH signed by the burial-transit p Conditions, if any, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use os the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🔽-21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work causes stated abave, (1) (we) (did not) view the bady after death. 22b_SIGNATURE-22c DATE SIGNED MED DIRECTOR directar, page 3 should be filed v 22d-PHYSICIAN S 22e. ADDRESS John S. Rogers NAME (Type) 1919 Seminary Road, Silver Spring, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL, CREMATION 23b. DATE (County) (Stote) Big Run Cemetery Cameron. 2Sb VR A15 (4) 30M REV, 1/68 DATEFR 2 1 Pumphrey. Inc. Silver Spring.



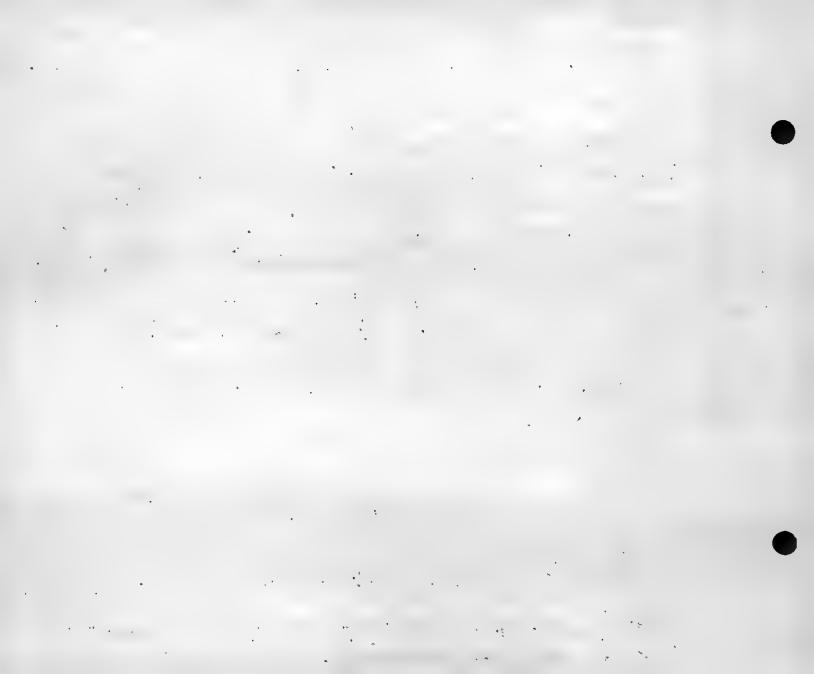
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2830 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1 DECEASED NAME First M ddle 20 DATE KNOWN (Type or Print) ESTI-Poge DEATH MATED F UNDER YEAR IF UNDER 24 HRS S DATE OF BIRTH & AGE (a years 2c DATE PRONOUNCED DEAD 9 COUNTY OF DEATH MARRIED NEVER MARRIED lo m HOSP TAL OR INSTITUTION (If not in hospital CITY OR TOWN OF DEATH 120 USJA. OCCUPATION (Kind of work done during roost of working life, even Trefred) INDUSTRY 3 D) 3e STREET AND NUMBER 130 USUAL RES DENCE (Where deceased lived, if institution. Res degre before 13c odmiss on) STATE 136 COUNTY in passed in Item 18. 6 l and 2 ofter 14 FATHER 5 NAME Middle IS MOTHER'S MAIDEN NAME IZABETH e, writing the word "panding" in practl in forwarded to the Chief Medical Examiner's poges hours 160. WAS DECEASED EVER IN ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (Yes, no. or unknown) File 72 APPROXIMATE INTERVAL within 18 CAUSE OF DEATH (Enter only one couse per permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if only, which gove rise to immediate couse (a). should 1 writing the word ASTA CONSEQUENCE OF stoting the underlying couse .⊑ puo TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0) PART 2. OTHER SIGNIFICANT_CONDITIONS CONTRIBUTING TO DEATH BUT D SD removal, nsed CERTIFICATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? please execute the certificate. YES [pe ö 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of musy in Port 1 or Port 2, Hern 18.) 21b TIME OF INJERY Month, Doy, Year 3 should PRIMARY OR CONTRIBUTING MEDICAL HOUR A.M crematian, CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJRY (At home, form, street, 21f LOCATION Street or R. F.D. No. City of Town County Stote factory, office building, etc.) WHILE NOT WHILE T 220. I certify that I took charge of the remains described above held on Autopsy DIRECTOR: Inspection ond in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL funerol SIGNATURE. **EXAMINER'S** 5 moy TO FUNE Hea th NAME (Type) the BURIAL CREMATION (County) FUNERAL DIRECTOR VR A15ME (5)







	1	MARYLAND STATE DEPARIMENT OF HEALTH
/3 1	l	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
y	L	CERTIFICATE OF DEATH .287.
± 25 ±		ECEASED NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR Type or print) Day Year 1300
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after at the state of the state	3 5	EX 4. RACE S. DATE OF BIRTH 6 AGE (n years if UNDER YEAR IF CNOER 24 HRS.
		EMALE WAITE 5/24/00 < 67 YRS.
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PHYSICIAN: The law requires that the death certificate be executed within 24 hours e hospital ar attending physician. his certificate has been signed by the attending physician and completely filled in by stached for use as the burial-transit permit. Then please remare carbon papers Pabott af Health priar to burial, cremation, ar remayal, and in any event, within 72 hours	10.	OTTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done) 12b, KIND OF BUSINESS OR during most of working life, even if retired INDUSTRY I
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ne death certificate k attending physician permit. Then please ian, ar remaval, and		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (II) yes give wer or dates of service)
phy en aval		NO BITTOITING UIK 2. DEHT ICE DETITIVE
ing The		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (st.) PART I, DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH
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The law requires the attending physican. has been signed by se as the bural-trait hariar to burial, cre.	3	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
That at a the see the	CERTIFICATION	TES NO CO
AN:		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
YSICIAN: ospital ar certificate hed far u	MEDICAL	[If either natify med (a) examiner) P.M. 19
p PHY the ho this c detach e Dept	1"	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME_FARM STREET, FACTORY.) 21f. LOCATION -Street or R.F.D. No. City or Town County State While Not white
the deline	П	or work and work —
PIN Afte be Sto		22a. I certify that (I) (this haspital) attended the deceased from
TEN DR: Suld the	П	causes stated abave, (1) (we) (did) (sixt not) view the bady ofter death.
A B D S S S S S S S S S S S S S S S S S S	П	226 SIGNATURE ATTENDING MED STAFF 22c. DATE/SIGNED
OR be red weed w		1 formal Noval DEGREE PHYS DIRECTOR - STAFF - 2/4/68
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OSF e 4 UNE schar	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
E go anipolo	10	REMOVAL (Specify)
,	24	FINERAL DIRECTOR II SEGISTRAR'S SIGNATURE
VR A15 [4] 30M REV, 1/68~2	. 3	arner E. Parishasu Ync. Silver Spring. Nd. DATE FEB 8 1983 1 1000



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אַחו, מנו	16o. Y	WAS DECEASED EVER IN U.S es, no, or unknown) (If yes	ARMED	FORCES? or dates of service)	758-03-L		NFORMANT Medical Rec	ords		Address			NTE INTERVAL
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the State		22a. I certify that (I) saw the decease causes stated a	this d aliv	haspital) atter e an (1) (we) (did) (did)	nded the deceas 27 did nat) view the	ed from 19 20, and bady after a	that in (my) (aur) leath.	9_ <i>G_€?</i> apinion d	eoth occ	2 - 27, 19 curred an the do	68 ite and	, that (I haur a	I) (we) last nd from the
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Fage 4 may be retained by the haspital at IO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. at Healt		NAME (Type) Rol	vert	G. Kind	lred, M·D	•	Tenley B	ldg.,	Rock	wille, M	.).		
directo	230	BURIAL CREMATION, REMOVED EXPERIENCE	23b. DA	2 - 68	23c NAME OF St.	CEMETERY OR	CREMATORY Cemetery	23d	CLOP		e (Cou		(Stote)
VR A15 [4] 30M REV 1/68	24	FUGERAL PRECTORY	Su	mlei	Rockvapars	e, Me		D BY REGIS	7 19	25b. REGISTRAR'S	SIGNAT	URE YOU	ege.

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0288 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12875 1. DECEASED-NAME HEALTH DEPT. 20. DATE KNOWN Year (Type or Print) OF ESTI-3 to Poge HARLES RETTYMAN DEATH MATED S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR WHITE 4-19-1915 MALE 5-2YRS 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Montgomery U.S.A. WIDOWED | DIVORCED [7] MONTGOMERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) COMITHERSBURG 130. USUAL RESIDENCE (Where deceosed lived, if institutions residence decree 13c. CITY OR TOWN 13d. IN LAWYER along death. 13d. INSIDE CITY LIMITS? 136. STREET AND NUMBER GAITHERS BUMG YES NO BOX 280 A R+#1 BRINK R e certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Offige after ond 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Belle K. Bond William F. Prettyman 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, or unknown) Ruth R. Prettyman - wife - same #13 yes be executed ony event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: is caused by: Myocardial Infarction Recent + Remite DUE TO. OR AS A CONSEQUENCE OF Cardio Vascular Discase_ 4ears Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse removal, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County State factory, affice building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my apinian the funeral director. death resulted fram: Natural causes (Accident Suicide Hamicide) Undetermined manner 5 may be retained to FUNERAL DII CHIEF MEDICAL EXAMINER ACTUAL 225. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE John G. Ball 7936 Old Georgeto DEPUTY MEDICAL EXAMINER & Fak-19,1968. **EXAMINER'S** NAME (Type) 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 2/22/68 Rockville Cemetery Montg. Md. Rockville. Tyson Wheeler Funeral Home 1331 Rock Pike 25a, RECD BY REGISTER 1968 Sb. RESETTARS SHOWTH IN VR A15ME (5) Rockville.

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